MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-a)

Reg. Dist. No. 6

CERTIFICATE OF DEATH

03500

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Luke (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mullen Avenue

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Allegany

(c) City or town Luke (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clyde Edward Ack

3 (b) If veteran, name war

3 (c) Social Security No. 212-12-8103

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mrs. Rhoda Ack

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 25, 1864

8. AGE: Years 75 Months 11 Days 8 If less than one day 2 hr. 15 min.

9. Birthplace Danville, —, Pa. (Town, county, and state)

10. Usual occupation Paper Mill Employee

11. Industry or business W. Va. Pulp & Paper Co. Luke Md.

FATHER

12. Name Daniel Ack

13. Birthplace Not known

MOTHER

14. Maiden Name Elizabeth —

15. Birthplace Not known

16 (a) Informant Mrs. Rhoda Ack

(b) Address Luke, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1939 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Westernport, Maryland

18 (a) Funeral director Boal

(b) Address Westernport, Maryland

19 (a) Apr. 12, 1939 (Date rec'd by registrar) (b) A. J. Sazenbaker MD Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 9 1939, at 2:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938, to Apr. 9 1939, and that I last saw him alive on Apr 9 1939.

Immediate cause of death	Duration
Acute myocarditis	1 mo
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature P. E. Berry MD. M. D. or other

Address Piedmont W. Va. Date signed 4/10/39

VS. A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 4

03501

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Sylvan Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in this community (yrs., mos., or days) 5 weeks

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Valley Road. "Rural" (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Michael Ahern

3 (b) If veteran, name war ✓

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Aug 22, 1868

8. AGE: Years 70 | Months 5 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Westernport, Md. (Town, county, and state)

10. Usual occupation Grave digger

11. Industry or business

FATHER
12. Name Michael Ahern
13. Birthplace Ireland

MOTHER
14. Maiden Name Laura Clark
15. Birthplace Unknown

16 (a) Informant John Ahern
(b) Address Westernport Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1939 (month) (day) (year)
(c) Cemetery or crematory Philos
Location Westernport Md

18 (a) Funeral director J. S. Boal
(b) Address ~~Westernport~~ Barton, Md

19 (a) 4/19/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 4-17-1939, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4.3.1939, to 4.17.1939, and that I last saw him alive on 4.14.1939.

Immediate cause of death Arteriosclerosis Chronic Nephritis — Duration

Due to

Due to

Other conditions Chr. Prostatitis (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Williams M. D. or other
Address Cumberland Date signed 4-18-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 8

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

03502

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Lonaconing (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 85 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Allegany

(c) City or town Lonaconing (If outside city or town limits, write RURAL and give town)

(d) Street No. Stald Street (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** James M. Barnes

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Catharine Spikes

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1852

8. **AGE:** Years 85 | Months 5 | Days 20 | If less than one day ____hr. ____min.

9. Birthplace Pasan Near Lonaconing, Allegany Co, Md. (Town, county, and state)

10. Usual occupation Miner

11. Industry or business Coal Mine

FATHER

12. Name Henry Barnes

13. Birthplace Near Lonaconing, Allegany Co, Md.

MOTHER

14. Maiden Name Margaret Millele

15. Birthplace Near Lonaconing Allegany Co, Md.

16 (a) Informant Mrs. Edward Lancaster

(b) Address Lonaconing, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1939 (month) (day) (year)

(c) Cemetery or crematory Allegany Cemetery

Location Frostburg, Md.

18 (a) Funeral director Mc. Eyerdsmar

(b) Address Lonaconing, Md.

19 (a) April 5-1939 (Date rec'd by registrar) (b) D. L. Bon Jon Registrar

MEDICAL CERTIFICATION

20. Date of death April 4 1939, at 5.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1939, to April 4 1939, and that I last saw him alive on Apr. 3 1939.

Immediate cause of death Influenza	Duration
Due to	
Due to	
Other conditions Complicated due to fracture of femur 1936 (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry M. Hodgson M.D. (M. D. or other)

Address Lonaconing, Md. Date signed 4/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94P)

Reg. Dist. No. 4

03503

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 9 N. Lee St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Lee St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Estelle Lillian Birmingham

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Birmingham

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 10 1880

8. **AGE:** Years: 58 | Months: 11 | Days: 14 | If less than one day: ____ hr. ____ min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER
12. Name: Lester Perkins
13. Birthplace: Md

MOTHER
14. Maiden Name: Lila Dickerhoff
15. Birthplace: Md

16 (a) Informant: Mrs. Lester Dawson
(b) Address: Cumberland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7 1939 (month) (day) (year)
(c) Cemetery or crematory St. Pat. Cem
Location: Cumberland, Md

18 (a) Funeral director: Louis Stein Sons
(b) Address: Cumberland, Md

19 (a) 4/26/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 4-24-39, 19____, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24-39, 19____, to ____, 19____, and that I last saw him alive on 4-24-39, 19____.

Immediate cause of death	Duration
Coronary Occlusion	6 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. P. Franklin M. D. or other
Address Cumberland Md. Date signed 4-25-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 8 1930
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

035C4

1. PLACE OF DEATH (59)

County ALLEGANY Registration Dist. No. 4

Village or City CUMBERLAND, MD. No. MEMORIAL HOSPITAL St. 6 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whera daath occurrad ____ yrs. ____ mos. ____ ds. How long in U.S. if of foraign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME MR. ELIJAH BITTNER If U. S. Veteran, specify WAR ____

(a) Residence: No. ACCIDENT, MD. St., ____ Ward. ____
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of ISABELL ZIBLEY

6. DATE OF BIRTH (month, day, and year) AUG. 20, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
65 YEARS	7	21	

OCCUPATION

8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. LABORER W.P.A.

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. ____

10. Data deceasad last worked at this occupation (month and yaar) ____ 11. Total time (yaars) spent in this occupetion ____

12. BIRTHPLACE (city or town) MARYLAND
(State or country)

FATHER

13. NAME JEREMIAH BITTNER

14. BIRTHPLACE (city or town) MARYLAND
(Stata or country)

MOTHER

15. MAIDEN NAME MARY BOWMAN

16. BIRTHPLACE (city or town) PENNA.
(Stata or country)

17. INFORMANT MRS. HUNFTLING
(Address) ACCIDENT, MD.

18. BURIAL, CREMATION, OR REMOVAL
Place Blooming Rose, Md. Date 4/12/, 1939

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 4/11/, 1939 J. Franklin, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
APRIL 11, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended daceasad from March 16, 1939, to April 11, 1939

I last saw h[illegible] aliva on April 11, 1939; death is said to have occurred on the date stated above, at 2:20 P. M.

The **PRINCIPAL CAUSE OF DEATH** and related causas of importance ware as follows:

	Date of onset
Diabetes Mellatus	March 1938

Othar **Contributory Causes** of Importance:

Name of operation ____ Date of ____

What tast confirmad diagnosis? Laboratory Wes there an au'opsy? No

23. If daeth was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicida? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whather injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was diseese or injury in any way related to occupation of decaasad? No

If so, specify ____

(Signed) [illegible] M. D.

(Address) Cumberland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DRS. LANICH & BROADRUP

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 6 1928 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) CB

Reg. Dist. No. 4

03505

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany County

(b) City or town Cumberland, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Memorial Hospital, Cumberland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State W. Va. (b) County Grant County

(c) City or town Petersburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 110 Virginia Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Paula K. Bowling

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 13, 1939

8. AGE: Years ~~2 weeks~~ Months Days 16 If less than one day _____ hr. _____ min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Paul L. Bowling

13. Birthplace West Virginia

MOTHER 14. Maiden Name Kathryn Stilley

15. Birthplace Maryland

16 (a) Informant Memorial Hospital

(b) Address Cumberland, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Rose Hill

Location Hagerstown, Md.

18 (a) Funeral director V. L. Lemperam

(b) Address Cumberland, Md.

19 (a) 4/30/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 29, 1939, at 6:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28/39 to 4/29/39, and that I last saw ~~him~~ her alive on 4/29/1939.

Immediate cause of death Congenital Biliary Cirrhosis Premature (Smithe) — Duration 2 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. K. Cowherd M. D. ~~or other~~

Address 41 Green St. Date signed 4/29/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C I T

W. Va.

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.

(e) Length of stay in this community (yrs., mos., or days) 7 hrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Barton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Richard Kenneth Brenner

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 25. 1938

8. AGE: Years | Months: 8 | Days: 5 | If less than one day: ____ hr. ____ min.

9. Birthplace Moscow, Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Emmett Robt. Brenner

FATHER 13. Birthplace Midland Md.

MOTHER 14. Maiden Name Beulah Mae Spriggs

MOTHER 15. Birthplace Westernport Md.

16 (a) Informant Mrs. Beulah Brenner

16 (b) Address Moscow, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 2. 1939 (month) (day) (year)

17 (c) Cemetery or crematory St. Gabriels Catholic

Location Barton, Md.

18 (a) Funeral director David S. Boal

18 (b) Address Barton, Md.

19 (a) May 2, 1939 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 30 1939, at 7 30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1939, to 4-30 1939, and that I last saw him alive on 4-30 1939.

	Duration
Immediate cause of death Acute Congestion Bronchial Pneumonia	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. Alfred Van Ormer, M.D. (M. D. or other)

Address Cumb. Md. Date signed 4-30-39

RECEIVED
MAY 8 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 4

03507

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Md (b) County Allegany

(c) City or town Barton, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. Dogwood Flat (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Columbus Broadwater

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Bittinger

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 59 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Keynard Broadwater

13. Birthplace Maryland

MOTHER 14. Maiden Name Anna C. Wiland

15. Birthplace Avilton, Md.

16 (a) Informant Memorial Hospital

(b) Address Cumberland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15, 1939 (month) (day) (year)

(c) Cemetery or crematory Laurel Hill

Location Moscow, Md.

18 (a) Funeral director D. S. Boal

(b) Address Bortonia, Md.

19 (a) 4/13/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

Dr. Broadrup

MEDICAL CERTIFICATION

20. Date of death April 13, 1939, at 11:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1939, to April 13 1939, and that I last saw him alive on April 13 1939.

Immediate cause of death	Duration
Chronic Nephritis	5 years
Due to	
Due to	
Other conditions Chronic Asthma	10 years.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Cumberland, Md Date signed April 13, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (77) Reg. Dist. No. 9

CERTIFICATE OF DEATH

Not in Corporation McLane 03508

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg - Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Borden mines

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 83 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(d) Street No. Borden Mines (Suburb) (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Christine Brown

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21-1855

8. AGE: Years 83 Months 5 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Frostburg Md. (Town, county, and state)

10. Usual occupation housekeeper

11. Industry or business

FATHER 12. Name Wm Brown

13. Birthplace Edinburg Scotland

MOTHER 14. Maiden Name Elizabeth Borland

15. Birthplace Scotland

16 (a) Informant Mrs Craig

(b) Address Frostburg Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 1-39 (month) (day) (year)

(c) Cemetery or crematory Allegany Cemetery

Location Frostburg

18 (a) Funeral director J. J. Wurst

(b) Address Frostburg Md

19 (a) 5-1-'39 (Date rec'd by registrar) (b) Mrs. A. R. Wacker Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 29 1939, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him alive on _____ 19____.

Immediate cause of death Found dead in bed cerebral Hemorrhage (Probably

Due to Arteriosclerosis

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. J. McLane Jr. M. D. or other

Address Frostburg Md Date signed May 1 '39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6631

RECEIVED
MAY 9 1900
BUREAU V. S.

WITHIN CORPORATE LIMITS

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vitel Stetistics, Baltimore (93-c)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03509

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Lavale (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 17 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Lavale (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Floyd Burch

3 (b) If veteran, name war

3 (c) Social Security No. 214-01-5985

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Catherine Hedrick

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1879

8. AGE: Years 59 Months 7 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Fabius W. Va. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Wood Work

FATHER 12. Name Thomas Burch

13. Birthplace England

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Chas Burch

(b) Address Mt. Savage

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26, 1939 (month) (day) (year)

(c) Cemetery or crematory Asbury Cemetery

Location Fabius W. Va

18 (a) Funeral director Jacob Hafer

(b) Address Cumberland, Md.

19 (a) 4/26/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 23 1939, at 11:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1939, to 4/23 1939, and that I last saw him alive on 3/28 1939.

Immediate cause of death	Duration
Coronary Occlusion	Inst.
Due to Chronic Myocarditis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature P. W. Moser, M.D. M. D. or other

Address Cumberland Md Date signed 4/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

Outside City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (173)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03510

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10Min.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Siebert (If outside city or town limits, write RURAL and give town)

(d) Street No. None (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** James Anderson Bush

3 (b) If veteran, name war

3 (c) Social Security No. 214-05-9348

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pearl Bush

6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) June 13, 1893.

8. AGE: Years	Months	Days	If less than one day
45	9	18	____ hr. ____ min.

9. Birthplace Georgetown, D. C. (Town, county, and state)

10. Usual occupation W. P. A. Worker

11. Industry or business

FATHER

12. Name Jake Bush

13. Birthplace Va.

MOTHER

14. Maiden Name Fannie Panel

15. Birthplace Maryland

16 (a) Informant Mrs. Pearl Bush

(b) Address Siebert, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6, 1939 (month) (day) (year)

(c) Cemetery or crematory Davis Memorial Cem.

Location Near Cumberland

18 (a) Funeral director J. C. Wolford

(b) Address Cumberland, Md.

19 (a) 4/6/39 (Date rec'd by registrar) (b) J. Franklin M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 1, 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from ✓ 19____, to ✓ 19____, and that I last saw him alive on ✓ 19____.

Immediate cause of death	Duration
Gun Bullet Wounds in abdomen and one under right arm;	
Due to Pistol Shots	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Homicide

(b) Date of occurrence Apr. 1, 1939.

(c) Where did injury occur? Siebert (City or town) Allegany (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? About Home (Specify type of place) While at work? No

(e) Means of injury

23. Signature Geo Pardman Coroner (M. D. or other)

Address Cumb Md Date signed April 5 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS. A15

RECEIVED
MAY 6 1968
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 4

03511

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State W. Va. (b) County Mineral
(c) City or town Ridgley (If outside city or town limits, write RURAL and give town)
(d) Street No. Miller Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Chirdon

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Child

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr 7, 1939

8. AGE: Years | Months | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Cumberland Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Norman E. Chirdon
13. Birthplace Gallitzen Pa

MOTHER
14. Maiden Name Elizabeth J Weller
15. Birthplace Altoona, Pa

16 (a) Informant Norman E. Chirdon
(b) Address Ridgley W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10, 1939 (month) (day) (year)
(c) Cemetery or crematory St Patricks
Location Cumberland, Md

18 (a) Funeral director Jacob Kuper
(b) Address Cumberland

19 (a) 4/10/39 (Date rec'd by registrar) (b) J. F. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 8 1939, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1939, to April 8 1939, and that I last saw him alive on April 8 1939.

Immediate cause of death Prematurity

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. M. Schindler, Mo. M. D. or other
Address 44 Green St. Date signed April 4 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 2 da

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Md (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. Wolfhaus Road R.D. #2 (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Catherine Marie Clarke

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Bernard Clarke

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1885

8. **AGE:** Years 54 | Months 1 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace Lonaconing Md (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business At Home

FATHER 12. Name Thomas Rowan

13. Birthplace Lonaconing, Penna

MOTHER 14. Maiden Name Mary Powers

15. Birthplace Knoxville Md

16 (a) Informant James Rushton

(b) Address Cumberland, R.D. #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1939 (month) (day) (year)

(c) Cemetery or crematory St Patricks

Location Cumberland

18 (a) Funeral director Jacob Lykes

(b) Address Cumberland

19 (a) 4/6/39 (Date rec'd by registrar) (b) J. L. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 4 1939, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938 to April 4 1939, and that I last saw him alive on April 4 1939.

	Duration
Immediate cause of death Carcinoma of Kidneys	about 3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature M. D. Owens M. D. or other

Address 133 Va ave Date signed April 5 39

M. D. Owens.

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 8

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

03513

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Lonaconing (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution~~ Charlestown (St.)

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 69 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Allegany

(c) City or town Lonaconing (If outside city or town limits, write RURAL and give town)

(d) Street No. Charlestown (St.) (If rural give location)

(e) If foreign born, how long in U. S. A.? 69 years

3 (a) FULL NAME Janet Jones Connor

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) ~~Single, married,~~ widowed, or ~~divorced~~ Widow

6 (b) Name of husband or wife Thomas Connor

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) October 13 1860

8. AGE: Years 78 Months 5 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Nova Scotia (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER

12. Name William Jones

13. Birthplace England

MOTHER

14. Maiden Name Rebecca Bradley

15. Birthplace Scotland

16 (a) Informant Mr. Thos. Connor

(b) Address Cumberland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1939 (month) (day) (year)

(c) Cemetery or crematory Oak Hill Cemetery

Location Lonaconing, Md.

18 (a) Funeral director Jr. Eichhorn

(b) Address Lonaconing Md.

19 (a) April 12, 39 (Date rec'd by registrar) (b) Dr. E. Don Tyson Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 10 1939, at 8 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 1937, to Apr 10 1939, and that I last saw him alive on Apr. 1st 1939.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry M. Hodgson MD M. D. or other

Address Lonaconing Md. Date signed 4/12/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03514

1. PLACE OF DEATH:

(a) County ALLEGANY

(b) City or town CUMBERLAND, MARYLAND (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: MEMORIAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State W.VA. (b) County GRANT

(c) City or town PANSY (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CONRAD, JANIE

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 11, 1917

8. AGE: Years 21 Months 8 Days 19 If less than one day hr. min.

9. Birthplace W.VA. (Town, county, and state)

10. Usual occupation CLERK W.P.A.

11. Industry or business

FATHER

12. Name ISAAC CONRAD

13. Birthplace W.VA.

MOTHER

14. Maiden Name LAYTON, REBECCA

15. Birthplace W.Va.

16 (a) Informant MEMORIAL HOSPITAL

(b) Address Cumberland, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2/39 (month) (day) (year)

(c) Cemetery or crematory Borror Cem

Location Petersburg, W.Va.

18 (a) Funeral director H. F. Brubeck By C. Bush

(b) Address Petersburg, W.Va.

19 (a) 5/2/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

DR. HAWKINS

MEDICAL CERTIFICATION

20. Date of death 4.30. 1939, at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4-1939 to 4-30-1939 and that I last saw him alive on 4-29-1939.

Immediate cause of death Peritonitis

Due to Ruptured typhoid ulcer.

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

Duration 4 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury ~~Rapture~~

23. Signature Wm. J. Williams M. D. or other

Address Cumberland Md. Date signed 4.30.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
MAY 6 1999
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157-C)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03515

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Ellerslie, Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Sandra Cresap. (Twin)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-39

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace Cumberland, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Frank E. Cresap

FATHER 13. Birthplace Cumberland Md

MOTHER 14. Maiden Name Dorothy May Browne

MOTHER 15. Birthplace Wyndmere, Pa.

16 (a) Informant Mr. Frank E. Cresap.

16 (b) Address Ellerslie - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17. 39 (month) (day) (year)

17 (c) Cemetery or crematory Rose Hill Cemetery

Location Cumberland Md

18 (a) Funeral director Francis Steinmetz.

18 (b) Address Cumberland Md

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 16 1939, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1939, to April 16 1939, and that I last saw her alive on April 15 1939.

	Duration
Immediate cause of death Blood clot in foramen ovale also right ventricle	1/2 hr.
Due to (?)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Blood clot in foramen ovale and right ventricle.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. K. Deming M.D. (M. D. or other)

Address 67 N. Center St Date signed April 16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (158)

Reg. Dist. No. 4

03516

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hos

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Ellersie Md (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Sundra Cresap (Twin)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 15, 1939

8. AGE: Years | Months | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Cumberland Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Frank E Cresap
13. Birthplace Cumberland Md

MOTHER
14. Maiden Name Dorothy May Brown
15. Birthplace Hydman Pa

16 (a) Informant Frank E Cresap
(b) Address Ellersie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14 39 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Cumberland Md

18 (a) Funeral director Louis Stein Inc
(b) Address Cumberland Md

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1939, at 2 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1939, to April 17 1939 and that I last saw ~~him~~ her alive on April 16 1939.

Immediate cause of death Cardiac weakness — Duration since April 15/39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. V. Deming MD (M. D. or other)

Address 67 W. Center St Date signed April 17/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-a)

Reg. Dist. No. 4

03517

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: ALLEGANY COUNTY

(b) City or town: CUMBERLAND, MARYLAND (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: MEMORIAL HOSPITAL, CUMBERLAND

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day

(e) Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: MARYLAND (b) County: ALLEGANY

(c) City or town: CUMBERLAND (If outside city or town limits, write RURAL and give town)

(d) Street No.: 102 E. OLDTOWN RD. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: CROSSER, EMMA

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: EDWARD CROSSER

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): OCT. 25, 1878

8. AGE: Years: 60 Months: 7 Days: 3 If less than one day: hr. min.

9. Birthplace: MARYLAND (Town, county, and state)

10. Usual occupation: HOUSEWORK

11. Industry or business: OWN HOME

FATHER

12. Name: GEORGE MATHEWS

13. Birthplace: SCOTLAND

MOTHER

14. Maiden Name: ANNIE WALKER

15. Birthplace: SCOTLAND

16 (a) Informant: MEMORIAL HOSPITAL

(b) Address: CUMBERLAND, MARYLAND

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 30 1939 (month) (day) (year)

(c) Cemetery or crematory: Oak Hill Cemetery

Location: Lonaconing, Md.

18 (a) Funeral director: M. Eschbach

(b) Address: Lonaconing, Md.

19 (a) 4/28/39 (Date rec'd by registrar) (b) J. C. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death: APRIL 28, 1939, at 8:48 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21, 1939, to Apr. 28, 1939, and that I last saw him alive on _____ 19_____.

Immediate cause of death	Duration
Rheumatic Heart Disease	1933
Mitral Stenosis	1934
Due to	
Due to	
Other conditions: Influenza	Apr. 18 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Clay E. Durrett M. D. or other

Address: Cumberland, Date signed: Apr. 28, 1939.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (98)

Reg. Dist. No. 4

03518

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Barrellsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Thomas J Cunningham

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Margaret Gray

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3 1868

8. AGE: Years 70 Months 6 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Scotland
(Town, county, and state)

10. Usual occupation Conductor

11. Industry or business C & P Ry.

FATHER
12. Name James Cunningham
13. Birthplace Scotland

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Wm. Cunningham
(b) Address Mt Savage Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 19 39 (month) (day) (year)
(c) Cemetery or crematory Episcopal Cem
Location Mt Savage Md.

18 (a) Funeral director Louis Stein Inc.
(b) Address Cumberland

19 (a) 4/18/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 16 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1939, to April 16 1939, and that I last saw him alive on April 16 1939.

Immediate cause of death Shock
Amputation Left leg
Due to Gangrene
Left foot
Due to
Other conditions Hypertension
Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations Amputation
Left leg
Of autopsy

Duration
2 days
10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature F. Alan G. Murray M.D.
M. D. or other
Address 41 Green St Cumberland Md
Date signed April 17 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03519

1. PLACE OF DEATH:

(a) County ALLEGANY

(b) City or town CUMBERLAND, MARYLAND
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: MEMORIAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State W.VA. (b) County

(c) City or town CHARLESTOWN, W.Va.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** REV. HUNTER DAVIDSON

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife ELIZABETH CRAIGHILL

6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) JAN. 1, 1862

8. AGE: Years 77 | Months 3 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual occupation MINISTER (RETIRED)

11. Industry or business

FATHER
12. Name HUNTER DAVIDSON
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ?
15. Birthplace MARYLAND

16 (a) Informant MEMORIAL HOSPITAL
(b) Address CUMBERLAND, MD.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/23/39 (month) (day) (year)

(c) Cemetery or crematory Charlestown
Location Charlestown West Va

18 (a) Funeral director Sams Stine Inc
(b) Address Cumberland Md

19 (a) 4/22/39 (Date rec'd by registrar) (b) J. L. Hawkins, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death APRIL 22, 1939 at 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9-1939, to 4-22-1939, and that I last saw him alive on APRIL 22, 1939.

Immediate cause of death	Duration
Lobar Pneumonia	12 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. J. Williams M. D. or other

Address Cumberland Date signed 4-22-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 9

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS 03520

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Frostburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 39 East Main St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 72 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 East Main St. (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** William Jefferson Davis

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ or wife: Upella M. Davis

6 (c) If alive, give age — Deceased years

7. Birth date of deceased (mo., day, yr.) 12-1-1866

8. AGE: Years 72 | Months 3 | Days 27 | If less than one day: 15 hr. 30 min.

9. Birthplace Frostburg, Allegany, Md. (Town, county, and state)

10. Usual occupation Clerk & Weighmaster

11. Industry or business Coal Mining

FATHER
12. Name Jacob Davis
13. Birthplace Unknown

MOTHER
14. Maiden Name Julia Porter
15. Birthplace Frostburg, Md.

16 (a) Informant Harry B. Davis
(b) Address Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-1939 (month) (day) (year)
(c) Cemetery or crematory St. Michaels Cemetery
Location Frostburg, Md.

18 (a) Funeral director J. Durst
(b) Address Frostburg, Md.

19 (a) May 1-39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death April 29 1939, at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1938, to 4-29 1939; and that I last saw him alive on 4-29 1939.

Immediate cause of death	Duration
Coronary thrombosis	7-2-38
Due to Chronic myocarditis	2 yrs
Due to	
Other conditions arterio-sclerosis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Diehl, M. D. (M. D. or other)
Address Frostburg, Md. Date signed 5-1-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 3 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 9

210-m

CERTIFICATE OF DEATH

03521

1. PLACE OF DEATH:

(a) County Allegany County

(b) City or town Clarysville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 58 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town R.F.D. #5 Cumberland, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Triple Lakes, McMullen Hgy. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Edmond Watson Dick

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)? Aug. 15, 1880.

8. AGE: Years ? 58 Months 8 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Barton, Allegany Co. Md. (Town, county, and state)

10. Usual occupation W.P.A. Worker

11. Industry or business

FATHER

12. Name William Livingston Dick

13. Birthplace Scotland

MOTHER

14. Maiden Name Jane Anne Patrick

15. Birthplace Nova Scotia

16 (a) Informant John R. Dick

(b) Address Cresaptown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 1939 (month) (day) (year)

(c) Cemetery or crematory Percy's Cemetery

Location Frostburg, Md.

18 (a) Funeral director Jacob Hafer

(b) Address Frostburg, Md.

19 (a) 4-19 (Date rec'd by registrar) (b) 39 Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 16 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Not at all 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Head, [illegible] body injuries

Due to Auto accident

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Can't say

(b) Date of occurrence Apr. 16 1939 Hard.

(c) Where did injury occur? Clarysville Allegany (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public road (Specify type of place) While at work? no

(e) Means of injury Automobile

23. Signature J. C. Cobey M.D. or other

Address Frostburg Date signed 4-18-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 8

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

03522

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Lonaconing
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Beechwood Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 68 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Lonaconing
(If outside city or town limits, write RURAL and give town)

(d) Street No. Beechwood Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Catherine Donald

3 (b) If veteran, name war: No

3 (c) Social Security No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John C. Donald

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Apr. 22. 1848

8. **AGE:** Years 90 | Months 11 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Red House, Penna.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business Own Home

FATHER

12. Name George Kinebaugh

13. Birthplace Not Known

MOTHER

14. Maiden Name Sarah Sylbaugh

15. Birthplace not Known

16 (a) Informant John A. Donald

(b) Address Keyser W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21. 1939 (month) (day) (year)

(c) Cemetery or crematory Oak Hill-Lonaconing

Location Lonaconing Md.

18 (a) Funeral director David L. Boal

(b) Address Lonaconing Md.

19 (a) Apr 20-1939 (Date rec'd by registrar) (b) Dr. E. O. Fo Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 19 19 39, at 5 15 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 15 1939, to Apr 19 1939, and that I last saw him alive on Apr 19 19 39.

Immediate cause of death	Duration
Influenza a	
Due to	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Henry Dr. Hodgson M.D. (M. D. or other)

Address Lonaconing, Md. Date signed 4/20/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

93-d

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03523

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 819 Braddock Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Braddock Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Dora Mary Eggleston

3 (b) If veteran, name war: none.
3 (c) Social Security No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edwin L. Eggleston

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 17 1853

8. **AGE:** Years: 86 | Months: 9 | Days: 5 | If less than one day: ____ hr. ____ min.

9. Birthplace Ohio (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Black McGill
13. Birthplace Edinburgh, Scotland

MOTHER
14. Maiden Name Sarah E. Freeman
15. Birthplace Bristol, England

16 (a) Informant Adam F. Eggleston
(b) Address Cumberland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 23 39 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location

18 (a) Funeral director Louis Stein Sons
(b) Address Cumberland

19 (a) 4/22/39 (Date rec'd by registrar) (b) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 22 1939, at 3:15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936, to April 22 1939, and that I last saw her alive on April 15 1939.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Knight Reynolds M. D. or other
Address 122 S. Centre Date signed April 22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 8

03524

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County: Allegany
(b) City or town: Lonaconing
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Island
(d) Length of stay in hospital or inst. (yrs., mos., or days): —
(e) Length of stay in this community (yrs., mos., or days): —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: Maryland (b) County: Allegany
(c) City or town: Lonaconing
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Island
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME**: Baby Gentry

3 (b) If veteran, name war: —

3 (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.: —

6 (b) Name of husband or wife: —

6. (c) If alive, give age: —— years

7. Birth date of deceased (mo., day, yr.): Apr. 27, 1939

8. **AGE:** Years | Months | Days | If less than one day: — hr. — min.

9. Birthplace: Lonaconing
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: John Gentry
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Ethel Mary Powell
15. Birthplace: Maryland

16 (a) Informant: John Gentry
(b) Address: Lonaconing, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 27 1939 (month) (day) (year)
(c) Cemetery or crematory: Eckhart Cemetery
Location: Eckhart, Md.

18 (a) Funeral director: Wm. Eichhorn
(b) Address: Lonaconing, Md.

19 (a) Apr. 27-1939 (Date rec'd by registrar) (b) D. E. Dunbar Registrar

MEDICAL CERTIFICATION

20. Date of death: Apr 27 1939, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from —— 19—, to —— 19—, and that I last saw him alive on —— 19—.

Immediate cause of death	Duration
Still born infant	
Due to: Premature birth	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: —

23. Signature: Henry M Hodgson M.D.
M. D. or other
Address: Lonaconing Md. Date signed 4/29/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (13) Reg. Dist. No. 9

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS 13525

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Frostburg. (If outside city or town limits write RURAL and give town)
(c) Street address, hospital, or institution: 36 Mc Cullough St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 4 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 Mc Cullough St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Cecelia Etta Gordon.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Abram B. Gordon

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 6 1882

8. AGE: Years 57 | Months 1 | Days 16 | If less than one day ____hr. ____min.

9. Birthplace Frostburg Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name James H Hoskey
13. Birthplace Frostburg Md.

MOTHER 14. Maiden Name Elizabeth Fybarger
15. Birthplace White Oak Church Pa.

16 (a) Informant Myrtle F. Steele
(b) Address Frostburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 25 1939 (month) (day) (year)
(c) Cemetery or crematory Allegany Cemetery
Location Frostburg Md.

18 (a) Funeral director Jacob Metz
(b) Address Frostburg Md

19 (a) 4-24-39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 22 1939, at 1-47 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1938, to Apr 22 1939 and that I last saw him alive on Apr 21 1939.

Immediate cause of death	Duration
Uremic Convulsions	1 day
Due to Chronic Nephritis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Bostetter M.D. M. D. or other
Address Mt Savage Md Date signed 4/22-39.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 3 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 9

Within Corporate Limits 03526

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg Md
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 90 Bowery St

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 61

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Frostburg
(If outside city or town limits, write RURAL and give town)

(d) Street No. 90 Bowery St
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Daniel Wm Griffith

3 (b) If veteran, name war

3 (c) Social Security No. 33

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Cora Griffith

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 25, 1877

8. **AGE:** Years 61 | Months 9 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace New Frostburg
(Town, county, and state)

10. Usual occupation Mail Carrier

11. Industry or business

FATHER

12. Name Wm Griffith

13. Birthplace Scotland

MOTHER

14. Maiden Name Jane Morrison

15. Birthplace Scotland

16 (a) Informant Mrs. David Griffith

(b) Address Frostburg Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-16-1939 (month) (day) (year)

(c) Cemetery or crematory Allegany

Location Frostburg

18 (a) Funeral director Leonard

(b) Address Frostburg

19 (a) 4-15-'39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death April 14 1939, at 2:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937, to Apr 14 1939, and that I last saw him alive on Apr 13 1939.

Immediate cause of death	Duration
Chronic Myocarditis	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. M. McLane M.D. (M. D. or other)

Address Frostburg Md Date signed Apr 14 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (946) Reg. Dist. No. 8

CERTIFICATE OF DEATH

03527

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Lonaconing
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Detmold Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Allegany
(c) City or town Lonaconing, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Detmold Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Dorothy Dodds Grindle

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Wm. Grindle

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 24, 1880

8. AGE: Years	Months	Days	If less than one day
58	11	13	____ hr. ____ min.

9. Birthplace Lonaconing, Maryland,
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name William Dodds
13. Birthplace England

MOTHER
14. Maiden Name Dorothy Burn
15. Birthplace England

16 (a) Informant Albert Grindle
(b) Address Lonaconing, Md.

17 (a) Cemetery (Burial, cremation, or removal) (b) Date thereof April 7, 1939 (Month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Lonaconing, Md.

18 (a) Funeral director Jn. Eichhorn
(b) Address Lonaconing, Md.

19 (a) April 8 1939 (Date rec'd by registrar) (b) W. E. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 4 1939, at 11.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry M. Hodgson M.D. (M. D. or other)
Address Lonaconing Md. Date signed 4/5/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 8

03528

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Lonaconing (If outside city or town limits, write RURAL and give town) WITHIN CORPORATE LIMITS OF

(c) Street address, hospital, or institution: East Main Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 68 yrs 6 mos

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Lonaconing (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? 68 years

3 (a) **FULL NAME** Margaret Price Gunning

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married~~, widowed, or divorced: Widow

6 (b) Name of husband or wife William Gunning

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 2 1849

8. **AGE:** Years 89 | Months 8 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Ayrshire Scotland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business None

FATHER

12. Name Thomas Price

13. Birthplace Scotland

MOTHER

14. Maiden Name Margaret Boyd

15. Birthplace Scotland

16 (a) Informant Mrs. Grace Pebbles

(b) Address Lonaconing, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1939 (month) (day) (year)

(c) Cemetery or crematory Oak Hill Cemetery

Location Lonaconing, Md.

18 (a) Funeral director Mc Eichhorn

(b) Address Lonaconing, Md.

19 (a) Apr 13 1939 (Date rec'd by registrar) (b) D. E. Dan Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 13 1939, at 10 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 29 1939, to Apr 13 1939, and that I last saw him alive on Apr 12 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Henry M. Hodgson M.D. (M. D. or other)

Address Lonaconing, Md. Date signed 4/13/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 4

CERTIFICATE OF DEATH

03529

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 8 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 464 Columbia St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Elizabeth Haller

3 (b) If veteran, name war: —
3 (c) Social Security No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John W. Haller
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 24 1856

8. **AGE:** Years 82 | Months 9 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Jeremiah Roberts
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Cavender
15. Birthplace Penn.

16 (a) Informant George Haller
(b) Address Cumberland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28 '39 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cem.
Location Cumberland

18 (a) Funeral director Louis Stein Inc.
(b) Address Cumberland

19 (a) 4/27/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 25 1939, at 11 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1938, to April 25 1939, and that I last saw him alive on April 25 1939.

	Duration
Immediate cause of death: Uremia Coma	2 days
Due to: Interstitial Nephritis	about 2 yrs
Due to: Cystitis interstitis	about 2 yrs
Due to: Cataracts	
Other conditions: Arteriosclerosis	some years
Diabetes	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Deming M.D. (M. D. or other)
Address 67 N. Centre St Date signed 4/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03530

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
(a) County ALLEGANY COUNTY
(b) City or town CUMBERLAND, MARYLAND (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: MEMORIAL HOSPITAL, CUMBERLAND
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MARYLAND (b) County ALLEGANY
(c) City or town CUMBERLAND (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 PENNSYLVANIA AVENUE (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME MARY ELLEN HARDY

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: WILBUR HARDY

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): FEB. 12, 1865

8. AGE: Years: 74 | Months: 2 | Days: 16 | If less than one day: ____ hr. ____ min.

9. Birthplace: WEST VIRGINIA (Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business: OWN HOME

FATHER
12. Name: PERRY CHESHIRE
13. Birthplace: WEST VIRGINIA

MOTHER
14. Maiden Name: ELIZA ORNDORFF
15. Birthplace: WEST VIRGINIA

16 (a) Informant: MEMORIAL HOSPITAL
(b) Address: Cumberland. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof april 30 39 (month) (day) (year)
(c) Cemetery or crematory: Rose Hill Cem.
Location: Cumberland. Md

18 (a) Funeral director: Louis Steinmetz
(b) Address: Cumberland Md

19 (a) 4/29/39 (Date rec'd by registrar) (b) J. Franklin M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death APRIL 28, 1939, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1939, to 4-28 1939 and that I last saw him alive on 4-27 1939.

Immediate cause of death: Pneumonia

Duration: ?

Due to: Chronic Nephritis

Due to: Chronic Myocarditis

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. E. Williams M. D. or other
Address Cumberland Date signed 4-28-39

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

03531

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (159)

County Allegany — Registration Dist. No. 4

Village or City Cumberland, Md. — No. Memorial Hospital St. 6-6 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Helmick, Baby Boy — If U. S. Veteran, specify WAR ✓

(a) Residence: No. Ridgeley W. Va. St., ____ Ward. ____
(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 6, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Cumberland,
(State or country) Maryland

FATHER

13. NAME Herbert Helmick

14. BIRTHPLACE (city or town) ____
(State or country) Maryland

MOTHER

15. MAIDEN NAME Eleanor Fisher

16. BIRTHPLACE (city or town) ____
(State or country) Maryland

17. INFORMANT Memorial Hospital
(Address) Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Apr. 8, 39

19. UNDERTAKER J. C. Wolford
(Address) Cumberland, Md.

20. FILED 4/8/39 J. P. Franklin M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 7, (Dey) 193 39 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1939, to Apr. 6, 1939
I last saw him alive on April 7, 1939; death is said to have occurred on the date stated above, at 12¼ p.m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:

	Date of onset
Prematurity (Weeks gestation)	4-6-39

Other Contributory Causes of Importence:

Neme of operation None — Date of —

What test confirmed diagnosis? Clinical — Wes there an autopsy? No.

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ____

Nature of Injury ____

24. Wes disease or injury in any way related to occupetion of deceased? No

If so, specify ____

(Signed) Arthur A. Jones M. D.

(Address) 40 N. Liberty St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Dr. A. Jones

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 10

03532

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Rural Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Mt Savage Junction
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Mt Savage Junction
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Hettenhouser

3 (b) If veteran, name war —

3 (c) Social Security No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bertie F. Jenkins

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 30 1869

8. AGE: Years 69 | Months 10 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Little Orleans, Allegany Co. Md.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Contractor

FATHER 12. Name Lewis Hettenhouser
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Colliger
15. Birthplace Pa.

16 (a) Informant Geo Leo Wolf
(b) Address Mt Savage Junction Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23 '39 (month) (day) (year)
(c) Cemetery or crematory Hillcrest Cem.
Location Cumberland

18 (a) Funeral director Lewis Stein Inc.
(b) Address Cumberland

19 (a) 4/22/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death April 20th 1939, at 11 39 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1939, to April 20 1939, and that I last saw him alive on April 20 1939.

Immediate cause of death	Duration
Chronic Glomerulo Nephritis	
Due to	
Due to	
Other conditions Chronic Hepatitis, Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Lapper M. D. or other
Address Hyndman Pa Date signed 4/21/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Please sign and return
Louis Stein Inc.

RECEIVED
MAY 2 1960
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics, Baltimore (31)

Reg. Dist. No. 4
03533

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 106 Decatur St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 66-7-18

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Decatur
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Carl Christian Hetzel

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Edna Hetzel

6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 8-22-1872

8. AGE: Years 66 | Months 7 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Cumberland Md
(Town, county, and state)

10. Usual occupation Coal Operator

11. Industry or business Mining

FATHER
12. Name Christian F Hetzel
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret James
15. Birthplace Rainsburg Pa

16 (a) Informant Mrs Edna Hetzel
(b) Address 106 Decatur St City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 12 1939 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Cumberland Md

18 (a) Funeral director William H. Right
(b) Address 123 Columbia St City

19 (a) 4/12/39 (Date rec'd by registrar) (b) J. P. Franklin M D Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 10 1939, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1939, to Apr 10 1939, and that I last saw him alive on Apr 10 1939

	Duration
Immediate cause of death Arteriosclerosis	1932
Due to Chronic Nephritis	1932
Due to Uremia Coma	Apr. 6 1939
Other conditions -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. H. Kean M. D. or other
Address Cumberland Md Date signed Apr 12-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (108)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03534

1. PLACE OF DEATH:
(a) County ALLEGANY
(b) City or town CUMBERLAND, MD.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State W. Va. (b) County Hampshire
(c) City or town Purgittsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. SARAH HIGH

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex FEMALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife MR. JOHN H. HIGH

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 71 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace WEST VIRGINIA
(Town, county, and state)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name JOHN HUFFMAN
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant IVAN HIGH
(b) Address Keyser, W. Va.

17 (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof April 30 1939 (month) (day) (year)
(c) Cemetery or crematory Purgittsville W. Va
Location

18 (a) Funeral director Thrush's
(b) Address Romney W. Va

19 (a) 4/29/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

DR. W. F. WILLIAMS

MEDICAL CERTIFICATION

20. Date of death APRIL 28, 1939, at 2:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4.25 1939, to 4.28. 1939, and that I last saw him alive on 4.27. 1939.

Immediate cause of death Lobar Pneumonia — Duration ?
Due to Type 31.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Williams M. D. or other
Address Cumberland Date signed 4.28.39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

03535

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No.

1. PLACE OF DEATH (131)

County Allegany — Registration Dist. No. 4

Village or City Cumberland, Md. — No. Memorial Hospital St., 6-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. Frank Hoopengardner — If U. S. Veteran, specify WAR ____

(a) Residence: No. Route #1, Hancock Md. St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Heller

6. DATE OF BIRTH (month, day, and year) March 24, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Blacksmith

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James Hoopengardner

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Henline

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Memorial Hospital Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL Penna Place Buck Valley Cem. Date Apr. 5, 1939

19. UNDERTAKER Eph Smith (Address) Artemus, Penna.

20. FILED 4/5/ 1939 J. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) — 3 (Day) — 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-13-39 1939, to 4-3- 1939

I last saw h alive on 4-2- 1939; death is said to have occurred on the date stated above, at 4:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Interval between onset and death
(a) Uremic Myocarditis	
Arteriosclerosis	
(b) Uremic Nephritis	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? By Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Wm F. Williams M. D.

(Address) Cumberland, Md.

Dr. W.F.Williams

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between retail **merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

(107-a)

Reg. Dist. No. 4

File No. 03536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County ALLEGANY

(b) City or town CUMBERLAND, MARYLAND (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: MEMORIAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MARYLAND (b) County GARRETT

(c) City or town JENNINGS (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** MRS. FREDA HOOVER

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife LEWIS T. HOOVER

6. (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) APR. 17, 1915

8. AGE: Years 23 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name JOHN T. BITTINGER

FATHER 13. Birthplace MARYLAND

MOTHER 14. Maiden Name BESSIE BITTINGER

MOTHER 15. Birthplace MARYLAND

16 (a) Informant LEWIS T. HOOVER

16 (b) Address JENNINGS, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1939 (month) (day) (year)

17 (c) Cemetery or crematory Bray Hill Cemetery

Location Mrs. Bittinger

18 (a) Funeral director Wm. Altemus Sons

18 (b) Address Frantz Alley, Md.

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. L. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death APRIL 15, 1939, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 14, 1939, to Apr 15, 1939, and that I last saw him alive on APR. 15, 1939

	Duration
Immediate cause of death: Acute Myocarditis	1 day
Due to: Pneumonia, bronchial, acute	2/15/39 - 3/1/39
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clay G. Durrett M. D. or other

Address Cumberland Date signed Apr. 15, '39

DR. DURRETT

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 7

03537

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Allegany

(b) City or town Barton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Lathrobe

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 37 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Barton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Sadie Howell

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Howell

6. (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): July 29, 1895

8. AGE: Years: 43 Months: 8 Days: 12 If less than one day ____ hr. ____ min.

9. Birthplace: Near Bedford, Penna. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: George Spencer James

13. Birthplace: Penna.

MOTHER 14. Maiden Name: Unknown

15. Birthplace

16 (a) Informant: Effie Howell

(b) Address: Barton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 (month) (day) (year)

(c) Cemetery or crematory: Mt Hope - Penn.

Location: New 7 Flintstone, Md

18 (a) Funeral director: D. E. Beal

(b) Address: Barton, Md.

19 (a) April 11 (Date rec'd by registrar) (b) S. A. Boucher Registrar

MEDICAL CERTIFICATION

20. Date of death April 10, 1939, at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1939, to April 10 1939, and that I last saw him alive on April 9 1939.

Immediate cause of death	Duration
Cardiac Dilatation	1 wk
Due to: Influenza	3 wks
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Joseph Friedman M. D. or other

Address: Westernport Date signed 4-12-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CEIVED
MAY 5 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107-12)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03538

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Sylvan Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in this community (yrs., mos., or days) 7 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Frostburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Lee St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Mrs. Susan O'Neil Hughes

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Peter Hughes

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1863

8. AGE: Years 75 | Months 8 | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation House wife

11. Industry or business at Home

FATHER
12. Name James O'Neil
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Keenan
15. Birthplace Ireland.

16 (a) Informant Walter Yungerman
(b) Address 14 Lee St. Frostburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Michaels
Location Frostburg

18 (a) Funeral director Jacob Hafer
(b) Address Frostburg

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. Frankhouser, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 4-15-1939, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-19-1937, to 4-15-1939, and that I last saw him alive on 4-14-1939.

Immediate cause of death	Duration
Bronchial Pneumonia	3 days.
Due to	
Due to	
Other conditions Arterio-sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. X. Williams M. D. or other
Address Cumberland Date signed 4-17-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03539

1. PLACE OF DEATH (135)

County ALLEGANY COUNTY Registration Dist. No. 4

Village or City CUMBERLAND, MARYLAND No. MEMORIAL HOSPITAL St. 6-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MRS. LOTTIE JENKINS If U. S. Veteran, specify WAR .....

(a) Residence: No. 78 DOUGLAS AVE., LONACONING, MD. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN W. JENKINS

6. DATE OF BIRTH (month, day, and year) NOV. 1, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME JOHN T. CLARK

14. BIRTHPLACE (city or town) (State or country) WEST VIRGINIA

MOTHER

15. MAIDEN NAME MARY LINDSAY

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT (Address) MEMORIAL HOSPITAL CUMBERLAND, MD.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Country Date April 9, 1939

19. UNDERTAKER (Address) M. Eichhorn Lonaconing Md

20. FILED 4/7/1939 J. P. Franklin, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH APRIL 7, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3/31/39, 1939, to 4 — 6, 1939

I last saw her alive on 4 — 6, 1939; death is said to have occurred on the date stated above, at 5:05 AM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chr. Nephritis Old Vesica Vag Fistula

Date of onset

Other Contributory Causes of Importance: Uremic Coma Suppression of Urine — Extensive Op.

Name of operation Date of 4-4-39

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. H. Hawkins M. D.

(Address) City

DR. HAWKINS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAY 8 1939 BUREAU OF V.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

03540

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Allegany Registration Dist. No. 4

Village or City Cumberland No. Allegany Hospital St., 4-1 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whara death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Sirica Johnson If U. S. Veteran, specify WAR

(a) Residence: No. 532 N. Mechanic St., Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jas R. Johnson. aged 76 yrs.

6. DATE OF BIRTH (month, day, and year) Dec 23 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	10	

OCCUPATION

8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and yaar)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Bedford Co. Pa.
(Stete or country)

FATHER

13. NAME Wm. Shartzer

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Anna M. Stall

16. BIRTHPLACE (city or town) Pa.
(Stata or country)

17. INFORMANT Mrs Jos. Stricker
(Address) Cumberland

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Cem. Date Apr 6, 1939

19. UNDERTAKER Louis Stein Son
(Address) Cumberland

20. FILED 4/6/39 J. T. Franklin, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 3, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1939, to Apr. 3, 1939

I last saw her alive on Apr. 2, 1939; death is said to heve occurrad on tha data statad above, at 7:45 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Chronic Asthma	
& Bronchitis,	
Chronic Myocarditis?	

Other Contributory Causes of Importance:

Name of operation None Date of

What tast confirmed diagnosis? Clinical Was thare an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disaasa or injury in any way ralated to occupation of deceasad? No.

If so, specify

(Signed) Wm. F. Williams M.D.

(Address) Cumberland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED MAY 8 1939 BUREAU OF

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

03541

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Allegany Registration Dist. No. 4

Village or City Cumberland No. Memorial Hosp. St. 6-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jacob Johnson If U. S. Veteran, specify WAR ____

(a) Residence: No. Allegany Co Home Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): about 1868

7. AGE: Years 70 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Supt Allegany Co Home Cumberland

18. BURIAL, CREMATION, OR REMOVAL

Place Allegany Co Com Date Apr 24, 1939

19. UNDERTAKER (Address): Louis Stein Inc Cumberland

20. FILED 4/24/1939 J. P. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4 (Month) - 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3-24-1939, to 4-22-1939

I last saw him alive on 4-22-1939; death is said to have occurred on the date stated above, at 12:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (uremia)	?

Other Contributory Causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? Lab Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Wm. T. Williams M.D.

(Address) Cumberland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1916*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAY 6 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE Limits.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

03542

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days

(e) Length of stay in this community (yrs., mos., or days) 14 "

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State W Va (b) County Mineral

(c) City or town Ridgely (If outside city or town limits, write RURAL and give town)

(d) Street No Perry St (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Ralph Jones

3 (b) If veteran, name war _____

3 (c) Social Security No. 214-05-9169

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Mary Eckard

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec 23-1903

8. AGE: Years 35 | Months 3 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Ohio (Town, county, and state)

10. Usual occupation Tin mill Worker

11. Industry or business Tin plating

FATHER 12. Name David Jones

13. Birthplace Wales

MOTHER 14. Maiden Name Mary Cruteledge

15. Birthplace England

16 (a) Informant Mary Jones

(b) Address Ridgely W Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15/39 (month) (day) (year)

(c) Cemetery or crematory Zion Lutheran Cem

Location Bedford Rd — Md

18 (a) Funeral director W F Temperance

(b) Address Cumberland Md

19 (a) 4/15/39 (Date rec'd by registrar) (b) J. I. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 12 1939 at _____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 27 1939, to Apr 12 1939, and that I last saw him alive on Apr 12 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	16 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. H. Trwaski M D (M. D. or other)

Address Cumberland, md Date signed 4/13/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (85)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03543

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Allegany

(b) City or town: Cumberland
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 840 Maryland Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in this community (yrs., mos., or days): 19

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Allegany

(c) City or town: Cumberland
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 840 Maryland, Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Carl R. Judy

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 11, 1919.

8. AGE: Years: 19 Months: 3 Days: 24 If less than one day: hr. min.

9. Birthplace: Cumberland, Maryland
(Town, county, and state)

10. Usual occupation: Invalid

11. Industry or business:

FATHER
12. Name: William W. Judy
13. Birthplace: Md.

MOTHER
14. Maiden Name: Margaret Keady
15. Birthplace: Md.

16 (a) Informant: James E. Judy
(b) Address: City R.D.1. Box 199

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 6, 1939 (month) (day) (year)
(c) Cemetery or crematory: Hillcrest Cem.
Location: Cumberland

18 (a) Funeral director: J. C. Wolford
(b) Address: Cumberland, Md.

19 (a) 4/6/39 (Date rec'd by registrar) (b) J. P. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death: Apr. 4, 1939, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19__, to Apr. 4, 1939, and that I last saw him alive on 4-4-1939

Immediate cause of death: Epilepsy — Duration: 4 yrs.

Due to:

Due to:

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Charlotte B. Gordon, M. D. or other

Address: Cumberland Md Date signed 4-5-39

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MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48)

Reg. Dist. No. 4 ✓

CERTIFICATE OF DEATH

03544

1. PLACE OF DEATH
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 6 da
(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Frederick St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Elizabeth Pearl Kean

3 (b) If veteran, name war: —

3 (c) Social Security No. 214-05-5645

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: W. Ferris Kean

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.) Jan 11 1891

8. AGE: Years 48 | Months 3 | Days 1 | If less than one day: _____ hr. _____ min.

9. Birthplace Ira Bedford Pa.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business (None)

FATHER
12. Name Peter Ira Gee
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Hoppe
15. Birthplace Md.

16 (a) Informant Frank Ira Gee
(b) Address Cumberland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 14 '39 (month) (day) (year)
(c) Cemetery or crematory St Peter & Paul's Cem
Location Cumberland

18 (a) Funeral director Louis Stein Sons
(b) Address Frederick Md.

19 (a) 4/14/39 (Date rec'd by registrar) (b) J. P. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 12 1939, at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1939 to April 12 1939, and that I last saw him alive on April 11 1939.

Immediate cause of death	Duration
Uterine (Malignant Tumor)	2 yrs
Due to —	
Due to —	
Other conditions Suspected Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature James J. Johnson M. D. or other
Address Cumberland, Md. Date signed 4-13-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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WITHIN CORPORATE LIMITS

03545

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-c)

County ALLEGANY Registration Dist. No. 4

Village or City CUMBERLAND, MD. MEMORIAL No. HOSPITAL St. 6-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MR. GEORGE KERR If U. S. Veteran, specify WAR .....

(a) Residence: No. MANN'S CHOICE, PA. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ELIZABETH BITTNER

6. DATE OF BIRTH (month, day, and year) AUG. 9, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RETIRED

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. W.MD.R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) PENNSYLVANIA (State or country)

FATHER

13. NAME GEORGE KERR

14. BIRTHPLACE (city or town) PENNA. (State or country)

MOTHER

15. MAIDEN NAME CATHERINE TURNER

16. BIRTHPLACE (city or town) PENNA (State or country)

17. INFORMANT EDGAR KERR MANNS CHOICE, PA. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date 4/10, 1939

19. UNDERTAKER Harvey H. Zeigler Hyndman Pa (Address)

20. FILED 4/9, 1939 J. P. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH APRIL 7, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to April 7, 1939

I last saw him alive on April 7, 1939; death is said to have occurred on the date stated above, at 11:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Phlebitis (Rt Leg)	
Chr. Myocarditis	

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) 122 So Centre St

DR. MATHEWS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03546

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (72-a)

County Allegany Registration Dist. No. 1

Village or City Oldtown No. R. F. D. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Kifer If U. S. Veteran, specify WAR

(a) Residence: No. Oldtown Md ~~St.~~ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary J. Stump

6. DATE OF BIRTH (month, day, and year): Sept 11 - 1856

7. AGE: Years 82 Months 6 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George Kifer

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Catherine Kifer.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Miss Elizabeth Kifer Oldtown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oldtown Md Date Apr 14, 1939

19. UNDERTAKER (Address): V. L. Lemberger Cumberland Md

20. FILED Apr 12, 1939 Mrs C. A. Shankolt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to April 9, 1939.

I last saw him alive on April 9, 1939; death is said to have occurred on the date stated above, at 9:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	about 1940

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. B. Owen M. D.

(Address) Cumberland Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics, Baltimore 46-E
Reg. Dist. No. 4

CERTIFICATE OF DEATH

03547

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland, Md. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Westernport (If outside city or town limits, write RURAL and give town)
(d) Street No. 138 Church (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Jennie Kight

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 24, 1870

8. AGE: Years 68 Months 11 Days 19 If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Joshua Kight
13. Birthplace West Virginia

MOTHER
14. Maiden Name Elizabeth Adams
15. Birthplace West Virginia

16 (a) Informant Memorial Hospital
(b) Address Cumberland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 39 (Month) (day) (year)
(c) Cemetery or crematory Knight Cem
Location Cross, W. Va.

18 (a) Funeral director D. E. Boal
(b) Address Burdock, Md.

19 (a) 4/14/39 (Date rec'd by registrar) (b) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 13, 1939 at 1:48 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3. 14. 1939 to 4. 13. 1939 and that I last saw him alive on 4. 13. 1939.

Immediate cause of death	Duration
Carcinoma of liver.	2
Due to	(
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Carcinoma of liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Williams M. D. or other
Address Cumberland Date signed 4-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. W.F.Williams

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 942

Reg. Dist. No. 8

03548

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Lonaconing Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Lonaconing Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Douglas Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME John McLaughlin Kirkwood Sr.

3 (b) If veteran, name war

3 (c) Social Security No. 217-03-2162

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Agnes Gurrie Kirkwood

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14. 1879

8. AGE: Years 59 | Months 6 | Days 9 | If less than one day ____hr. ____min.

9. Birthplace Bailliston, Scotland
(Town, county, and state)

10. Usual occupation Miner

11. Industry or business Coal Mine

FATHER
12. Name William Kirkwood
13. Birthplace Bailliston Scotland

MOTHER
14. Maiden Name Mary McLaughlin
15. Birthplace Bailliston, Scotland

16 (a) Informant John Kirkwood
(b) Address Lonaconing Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26. 1939 (month) (day) (year)

(c) Cemetery or crematory Oak Hill
Location Lonaconing Md.

18 (a) Funeral director David S. Bodt
(b) Address Lonaconing Md.

19 (a) April 26 1939 (Date rec'd by registrar) (b) D. E. Dan Taylor Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 23 1939, at 445 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from found dead on arrival. 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Found dead on arrival. Death apparently due to Coronary Occlusion or Cerebral	
Due to hemorrhage	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. M. Shilton Jr. M. D. or other

Address Midland, Md. Date signed 4/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 9

CERTIFICATE OF DEATH

79-a WITHIN CORPORATE LIMITS 003549

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Frostburg
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Mechanic
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 32

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Frostburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mechanic
(If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) **FULL NAME** Alva Stanley Layton

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24 1907

8. AGE: Years 32 | Months X | Days 26 | If less than one day hr. min.

9. Birthplace Hampshire Co. W. Va.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Cable Layton
13. Birthplace Penna.

MOTHER
14. Maiden Name Elizabeth Wolford
15. Birthplace Hampshire Co. W. Va.

16 (a) Informant Mrs. Coates
(b) Address 14 Mill St. Frostburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-39 (month) (day) (year)
(c) Cemetery or crematory Vale Summit Md.
Location Vale Summit Cem.

18 (a) Funeral director Jacob Hafer
(b) Address Frostburg Md.

19 (a) 4-22-39 (Date rec'd by registrar) (b) Mrs. A. B. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death 4-20-1939, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2, 1939, to 19, and that I last saw him alive on April 20, 1939.

Immediate cause of death Meningitis (a) Duration Unknown
Due to Pneumococcic meningitis. Cause of first trouble days
Due to Duration unknown hours before he died.
Other conditions Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Abey M. D. or other
Address Frostburg. Date signed 4-20-1939

RECEIVED
MAY 3 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

03550

93-d

1. PLACE OF DEATH

County Allegany Registration Dist. No. 4

Village or City Cumberland No. Allegany Hospital St., 4-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry F Light If U. S. Veteran, specify WAR

(a) Residence: No. 311 Franklin St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Snetzer

6. DATE OF BIRTH (month, day, and year) Mar 7 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	1	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Insurance

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. R. R.

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (yaars) spent in this occupation 45yrs

12. BIRTHPLACE (city or town) (Stata or country) Martinsburg W. Va.

FATHER

13. NAME Wm F. Light

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Rose A Householder

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Wm Lewis (Address) Cumberland.

18. BURIAL, CREMATION, OR REMOVAL Place Hillcrest Mem Park Date Apr 11, 1939

19. UNDERTAKER Louis Stein Sons (Address) Cumberland Md

20. FILED 4/11/ 1939 P. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 8 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1939, to April 8, 1939

I last saw h[illegible] alive on April 8, 1939; death is said to have occurred on the data statad above, at 6 6 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Myocarditis	Unknown 4-7-39

Other Contributory Causes of Importance:

Name of operation Dete of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was dua to extarnal ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James J. Johnson M. D.

(Address) Cumberland, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 6 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 1607

Reg. Dist. No. 4

03551

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in this community (yrs., mos., or days) 13 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Rural (near Cumberland)
(If outside city or town limits, write RURAL and give town)

(d) Street No. Bedford Rd.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Anthony Francis Gindner

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 21 1939

8. AGE: Years | Months | Days 13 | If less than one day ——— hr. ——— min.

9. Birthplace Cumberland, Allegany Co. Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Vincent J. Gindner

FATHER 13. Birthplace Cumberland Md.

MOTHER 14. Maiden Name Ruth Ellen Valentine

MOTHER 15. Birthplace Cumberland Md.

16 (a) Informant Vincent J. Gindner

16 (b) Address Bedford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 4 39 (month) (day) (year)

17 (c) Cemetery or crematory St. Peter & Paul's

Location Cumberland

18 (a) Funeral director Louis Stein Sons

18 (b) Address Cumberland

19 (a) 4/4/39 (Date rec'd by registrar) (b) J. P. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 3 1939, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1939, to April 3 39, and that I last saw him alive on April 2 1939.

Immediate cause of death	Duration
Intra Cranial Hemorrhage (During birth)	
Due to	
Due to	
Other conditions Enlarged Thymus Convulsions (Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature R. C. Bowen, M. D. or other

Address Cumberland Date signed 4-3-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

03552

CERTIFICATE OF DEATH

124(E)

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in this community (yrs., mos., or days) 25 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 105 No. Centre St (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Chas. Harry E. Little

3 (b) If veteran, name war —

3 (c) Social Security No. no

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Helen Twigg

6. (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1898

8. AGE: Years 40 Months 7 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace West Va (Town, county, and state)

10. Usual occupation Clerk - Retired

11. Industry or business Retail Sales

FATHER 12. Name Harry Little

13. Birthplace West Va

MOTHER 14. Maiden Name Catherine Sullivan

15. Birthplace West Va

16 (a) Informant Harry Little Jr

(b) Address Cumberland, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-39 (month) (day) (year)

(c) Cemetery or crematory St. Patrick's

Location Cumberland, Md

18 (a) Funeral director V. L. Lamparena

(b) Address Cumberland, Md

19 (a) 4/21/39 (Date rec'd by registrar) (b) J. P. Franklin M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 21 - 1939, at 4:" M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17-39 19__, to 4-21-39 19__, and that I last saw him alive on 4-20-39 19__.

Immediate cause of death Cerebrosis liver

Due to ?

Due to Strychnosis injection legs

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Cumberland Md Date signed 4-21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (74a)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03553

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 542 Fairview Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 Fairview Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Michael Daniel Martin

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Margaret Mc Keady

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct 7th 1871

8. AGE: Years 67 | Months 6 | Days 18 | If less than one day _____ hr. _____ min.

9. Birthplace Vale Summit, Md (Town, county, and state)

10. Usual occupation Retired (Blacksmith)

11. Industry or business B & O Rail Road.

FATHER
12. Name Walter Martin
13. Birthplace United States

MOTHER
14. Maiden Name Catherine Higgins
15. Birthplace United States.

16 (a) Informant Walter Martin
(b) Address La Vale. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29. 39 (month) (day) (year)
(c) Cemetery or crematory St Patrick Cem
Location Cumberland Md.

18 (a) Funeral director Louis Steinberg.
(b) Address Cumberland Md.

19 (a) 4/28/39 (Date rec'd by registrar) (b) J. T. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 26 1939, at 3:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1938, to April 26 1939, and that I last saw him alive on April 24 1939.

Immediate cause of death	Duration
Angina Pectoris	
Due to Arteria Sclerosis & Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** A. C. Bauman M.D. (M. D. or other)
Address Cumberland Date signed 4-27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

03554

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

93-C

County Allegany — Registration Dist. No. 4

Village or City Cumberland — No. 410 Pulaski St., 3-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Mc Court

(a) Residence: No. 410 Pulaski St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Late Edward McCord

6. DATE OF BIRTH (month, day, and year) Aug 19-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Totat time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Matthew Arkins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs Wm J. Kelley Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Frankfort, Pa Date Apr 10-, 1939

19. UNDERTAKER D. L. Lamberson (Address) Cumberland, Maryland

20. FILED 4/7/, 1939 J. P. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 6, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4/1/39, 1939 to 4/6, 1939

I last saw her alive on 4/5/39, 19; death is said to have occurred on the date stated above, at 6:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with decompensation	

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John K Rozum M.D. M. D.

(Address) 122 Bedford St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Cumberland Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To he complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED MAY 6 1930 BUREAU U.S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 408 Springdale St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Infant McMillan

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Premature Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 20, 1939

8. AGE: Years: Premature | Months: 5 mo. | Days: 2 | If less than one day: ____ hr. 10 min.

9. Birthplace Cumberland (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Earl Francis Kease

13. Birthplace Oracoquan, Md

MOTHER 14. Maiden Name Anna Lee Cline

15. Birthplace Md Cumberland

16 (a) Informant Mrs. Nellie L. Cline

(b) Address Cumberland, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 39 (month) (day) (year)

(c) Cemetery or crematory St Patrick's

Location Cumberland, Md.

18 (a) Funeral director Lewis Funeral Home

(b) Address Cumberland, Md.

19 (a) 4/21/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 20 1939, at 11:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1939, to April 1939, and that I last saw him alive on April 20 1939.

Immediate cause of death	Duration
Premature	
5 months	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature T Bailey Hunter M. D. or other

Address Cumberland Md Date signed 4/20/39

RECEIVED
MAY 6 1939
BUREAU V. S.

Outside of City Limits

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B) Reg. Dist. No. 4

CERTIFICATE OF DEATH

03556

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town La Vale (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: La Vale

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town La Vale (If outside city or town limits, write RURAL and give town)

(d) Street No. La Vale (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles S. Michaels

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Barbara A. Michaels

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct 31-1872

8. AGE: Years	Months	Days	If less than one day
66	5	16	____hr. ____min.

9. Birthplace Frostburg, Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Charles A. Michael

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Ravenscraft

15. Birthplace Md.

16 (a) Informant Mrs. David Green

(b) Address La Vale, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-39 (month) (day) (year)

(c) Cemetery or crematory Johnsons

Location Garrett Co.,

18 (a) Funeral director J. J. Dunn

(b) Address Frostburg, Md.

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 4-16-39 19___, at ____M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6-39 19___, to 4-16-39 19___, and that I last saw him alive on 4-6-39 19___.

Immediate csuse of death	Durstion
Hemorrhage from malignant ulcers of stomach	2
Due to Cancer of Stomach	2
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** C. S. Franklin M. D. or other

Address Date signed

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-C)

CERTIFICATE OF DEATH

03557

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Allegany

City or town: Cumberland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 635 No. Centre St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Allegany

City or town: Cumberland (Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 635 North Centre St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Abraham Lincoln Miksell

3. (b) Social Security Number: none.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Late Sarah Derbong

6(c) If alive, give age: Deceased years

7. Birth date of deceased (mo., day, yr.): Dec 16 - 1860

8. AGE: Years: 78 Months: 4 Days: 13 If less than one day: hrs. min.

9. Birthplace: Pennsa (Town, county, and state)

10. Usual occupation: Miner - Retired

11. Industry or business: Coal Operations

FATHER 12. Name: Samuel Miksell

13. Birthplace: Pa

MOTHER 14. Maiden name: Rebecca Cook

15. Birthplace: Pa

16. Informant: Mrs. Hester Fresh

Address: Cumberland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 2 - 39 (month) (day) (year)

Cemetery or crematory: Allegany

Location: Frostburg Md

18. Funeral director: C. L. Humberson

Address: Cumberland, Md.

19. 5/1/39 (Date rec'd by registrar) 19 J. Franklin M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 19 39, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-1-39 19 to 4-29-39 19 39, and that I last saw h alive on 4-29-39 19

Immediate cause of death: Carcinoma of Colon — DURATION: 2

Due to: —

Due to: —

Other conditions: Acute Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. C. Humberson M.D. M. D. or other

Address: Cumberland Md. Date signed: 5-1-39

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 10

03558

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Bonetsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town Still born (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moore

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife Still

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 18-1939

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace Born (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Wm Allen Moore

13. Birthplace Mt Savage Md

MOTHER 14. Maiden Name Elsie E. Bridges

15. Birthplace Mt Savage Md

16 (a) Informant Wm A. Moore

(b) Address Mt Savage Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18-39 (month) (day) (year)

(c) Cemetery or crematory Moore Family Cemetery

Location Bonetsville Md

18 (a) Funeral director Wm Moore Father

(b) Address Mt Savage Md

19 (a) 4/18-39 (Date rec'd by registrar) (b) H. J. Bostetter M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr 18 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death Premature Birth (4½ mo) — Duration

Due to

Due to Still Born

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. J. Bostetter M.D. M. D. or other

Address Mt Savage Md Date signed 4/18-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

03559

1. PLACE OF DEATH

County Allegany Registration Dist. No. 4

Village or City Cumberland, Md. No. Allegany Hosp. St. 4-1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Teddy LeRoy Nave If U. S. Veteran, specify WAR ____

(a) Residence: No. Centerville, Pa St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Jan. 13, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Centerville, Pa. (State or country)

FATHER

13. NAME Edgar Nave

14. BIRTHPLACE (city or town) Centerville, Pa (State or country)

MOTHER

15. MAIDEN NAME Jennie Tewell

16. BIRTHPLACE (city or town) Centerville, Pa. (State or country)

17. INFORMANT Edgar Nave (Address) Centerville, Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Centerville Pa Date April 19, 1939

19. UNDERTAKER V. L. Semperon (Address) Cumberland, Md

20. FILED 4/19/, 1939 J. P. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4-18-39 (Month) (Day) , 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4-17-39, 19__, to 4-18-39, 19__

I last saw him alive on 4-17-39, 19__; death is said to have occurred on the date stated above, at 3:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Convulsions of unexplained origin	4-17-39
Primary cause of the convulsions: The physician does not know. q.w.R.	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) W. Alfred Von Ormes M. D.

(Address) Cumberland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 8 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

03560

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 112 Independence

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 11

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 112 Independence (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Micheal Naw.

3 (b) If veteran, name war

3 (c) Social Security No. 220-10-4164

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Naw

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1873

8. AGE: Years 65 Months 8 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Westernport, Alle. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Celanese Plant

FATHER 12. Name Conrad Naw

13. Birthplace Germany

MOTHER 14. Maiden Name Thresa Hoffman

15. Birthplace Germany

16 (a) Informant John W. Naw

(b) Address Piedmont, W. Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 (month) (day) (year)

(c) Cemetery or crematory St. Peters Paul's

Location Westernport, Md.

18 (a) Funeral director D. S. Boal

(b) Address Barton, Md.

19 (a) 4/22/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 22 1939, at 6 30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 21 1939, to Apr 22 1939, and that I last saw him alive on Apr 21 1939.

Immediate cause of death Cancer of liver — Duration 6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. W. Trevaskis M. D. or other

Address Cumberland, Md. Date signed Apr 22-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (2)

Reg. Dist. No. 9

WITHIN CORPORATE LIMIT 03561

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Miners Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State — (b) County —

(c) City or town —
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Still born Neff.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex ✓

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) ✓

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day ✓ hr. ✓ min.

9. Birthplace Frostburg Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Wm H. Neff.
13. Birthplace Lonaconing Md.

MOTHER
14. Maiden Name Lydia Hadley.
15. Birthplace Lonaconing Md.

16 (a) Informant Mrs. Wm H. Neff.
(b) Address Eckhart Md.

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof ✓ (month) (day) (year)

(c) Cemetery or crematory 5 weeks, gestation, no funeral.
Location

18 (a) Funeral director —
(b) Address —

19 (a) 4-30-39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death April 24 1939, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Not at all 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death Still born —

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. C. Cohen M. D. or other

Address Frostburg Md. Date signed 4-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 9

03562

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Frostburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Miners Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos 2 yrs.
(e) Length of stay in this community (yrs., mos., or days) ~

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Allegany
(c) City or town Midland (If outside city or town limits, write RURAL and give town)
(d) Street No. ~ (If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) **FULL NAME** Patrick Francis Nelson

3 (b) If veteran, name war ~

3 (c) Social Security No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Margaret Anne Buskirk

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 7, 1868

8. **AGE:** Years 70 | Months 10 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Dale Summit Md. (Town, county, and state)

10. Usual occupation Miner

11. Industry or business Coal Mine

FATHER
12. Name Michael Nelson
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Lease
15. Birthplace Scotland

16 (a) Informant Paul Nelson
(b) Address Cumberland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, 1939 (month) (day) (year)
(c) Cemetery or crematory Belvedere Cemetery
Location Midland, Md.

18 (a) Funeral director W. Erickson
(b) Address Lonaconing, Md.

19 (a) 4-21-39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death April 19 1939, at 4 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1939, to 4/19 1939, and that I last saw him alive on 4/18 1939

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions, Chronic Glomerulo-Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work? no
(e) Means of injury no

23. Signature John Kilday M. D. (M. D. or other)
Address 56 W. Main St. Frostburg, Md Date signed 4/20/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 1 1939
BUR. U.V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 10

03563

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Mt Savage (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 43 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Mt Savage (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Sarah Jane Norris.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married.

6 (b) Name of ~~husband~~ or wife Henry Norris.

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1869.

8. AGE: Years	Months	Days	If less than one day
70	3	3	hr. min.

9. Birthplace Connelsville Pa. (Town, county, and state)

10. Usual occupation Home Wife.

11. Industry or business Own Home

FATHER

12. Name James Martin

13. Birthplace Connelsville, Pa.

MOTHER

14. Maiden Name unknown

15. Birthplace

16 (a) Informant Ellsworth Riggleman.

(b) Address Mt Savage Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 23 1939 (month) (day) (year)

(c) Cemetery or crematory Methodist Cemetery

Location Mt Savage Md.

18 (a) Funeral director Fred Bauer

(b) Address Frostburg Md

19 (a) Apr 25 1939 (Date rec'd by registrar) (b) N. J. Bostetter M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 21 1939, at 4.40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 1939, to April 21 1939, and that I last saw him alive on April 20 1939.

Immediate cause of death	Duration
Uremia	36 hrs.
Poisoning.	
Due to Chronic Nephritis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. J. Bostetter M.D. M. D. or other

Address Mt Savage Md Date signed 4/21-39.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 2 1930
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

03564

1. PLACE OF DEATH:

(a) County ALLEGANY

(b) City or town CUMBERLAND, MD. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: MEMORIAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State PA. (b) County BEDFORD

(c) City or town BEDFORD, PA. (If outside city or town limits, write RURAL and give town)

(d) Street No. RICHARDS ST., 124 Co. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** PAOLINA, BABY BOY (STILLBORN)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 28, 1939

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 0 hr. 0 min.

9. Birthplace MEMORIAL HOSPITAL CUMBERLAND, MD. (City, county, and State)

10. Usual occupation

11. Industry or business

FATHER

12. Name ALEX PAOLINA

13. Birthplace ITALY Rome

MOTHER

14. Maiden Name PIA GIUDICI

15. Birthplace ITALY, Rome

16 (a) Informant ALEX PAOLINA

(b) Address BEDFORD, PA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1939 (month) (day) (year)

(c) Cemetery or crematory Cemetery Luthern

Location Bedford Rd.

18 (a) Funeral director J. C. Wolford

(b) Address Cumberland, Md.

19 (a) 5/1/39 (Date rec'd by registrar) (b) J. P. Franklin, M. D. Registrar

DR. K. REYNOLDS

MEDICAL CERTIFICATION

20. Date of death APRIL 28, 1939, at 11:14 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1939, to April 28 1939, and that I last saw him alive on dead April 28 1939.

Immediate cause of death	Duration
Intra Uterine Asphyxia	
Due to Prematurity.	
Due to Pre Eclampsia.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Knight Reynolds M.D. (M. D. or other)

Address 1228 Centre St. Date signed April 28/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 1

03565

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Oakland R.F.D. #1
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State — (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No. —
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Still born Parker

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1939

8. **AGE:** Years | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Oakland Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Edward Carton Parker

FATHER 13. Birthplace W. Va.

MOTHER 14. Maiden Name Olive D. Mysel

MOTHER 15. Birthplace Maryland

16 (a) Informant Father

(b) Address

17 (a) Cemetery (Burial, cremation, or removal) (b) Date thereof 4-13-39 (month) (day) (year)

(c) Cemetery or crematory —

Location —

18 (a) Funeral director —

(b) Address —

19 (a) 4/13/39 (Date rec'd by registrar) (b) Mrs C A Shoemaker Registrar

MEDICAL CERTIFICATION

20. Date of death 4-13 1939, at — M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw him alive on 19—.

Immediate cause of death	Duration
Still born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph P. Franklin M.D.
M. D. or other

Address Oakland Md. Date signed 4/13/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 6 1939
BUREAU V. S.

Outside of City Limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

(131)

CERTIFICATE OF DEATH

03566

1. PLACE OF DEATH

(a) County Allegany

(b) City or town La Vale (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: National Hy.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town La Vale (If outside city or town limits, write RURAL and give town)

(d) Street No. National Hy. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Elizabeth Perdew

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Geo. M. Perdew

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27, 1853

8. AGE: Years 85 Months 1 Days 11 If less than one day hr. min.

9. Birthplace New York State (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Christian Perlbach

13. Birthplace Germany.

MOTHER 14. Maiden Name Louise Krieger

15. Birthplace Germany

16 (a) Informant Mrs Amy Cowherd

(b) Address La Vale, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10 39 (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cem.

Location Cumberland

18 (a) Funeral director Louis Stein Inc.

(b) Address Cumberland Md.

19 (a) 4/10/39 (Date rec'd by registrar) (b) J. F. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 8/39, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1938, to April 8 1939, and that I last saw him alive on May 28 1939.

Immediate cause of death Myocarditis (Acute dilatation) Chronic — Duration 2 yrs

Due to Chronic nephritis — 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. F. Cowherd, M. D. M. D. or other

Address 41 - Green St. Cumberland Md. Date signed April 10/39

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APR 13 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

03567

214-07-1411

(112)

1. PLACE OF DEATH

County Allegany Registration Dist. No. 4

Village or City Cumberland No. Memorial Hospital St., 6-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Frederick Porter If U. S. Veteran, specify WAR

(a) Residence: No. 215 N. Mechanic St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Renschlein 59

6. DATE OF BIRTH (month, day, and year): Aug 24 1874

7. AGE: Years 64 Months 7 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Artificial silk worker.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mt Savage Md.

FATHER

13. NAME: John Porter

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Cuthers

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Henry Porter Cumberland.

18. BURIAL, CREMATION, OR REMOVAL Place St Lukes Cem Date Apr 8, 1939

19. UNDERTAKER (Address): Louis Stein Inc. Cumberland

20. FILED 4/8/1939 J. P. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4-5-1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3-18-1939, to 4-5-1939.

I last saw him alive on 4-5-1939; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Asthma (Intractable)	4-3-39

Other Contributory Causes of importance:

Acute dilatation of Least	4-5-39

Name of operation: None Date of

What test confirmed diagnosis? By Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. J. Williams M.D.

(Address) Cumberland, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU OF

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 9 03568

WITHIN CORPORATE LIMITS (CD) WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 12 W. Loo St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State W. Va. (b) County Jefferson

(c) City or town Charlestown W.Va. (If outside city or town limits, write RURAL and give town)

(d) Street No. 311 E. Washington (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Nettie Beaver Ramey

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Truman Ramey

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 16-1868

8. **AGE:** Years 71 | Months 0 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Loudoun Co. Va. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Benjamin E. Beaver

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Addie S. Porter

MOTHER 15. Birthplace Va.

16 (a) Informant Arthur Ramey

(b) Address Frostburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14-39 (month) (day) (year)

(c) Cemetery or crematory Edge Hill Cemetery Location Charlestown W.Va.

18 (a) Funeral director J. P. Hurst

(b) Address Frostburg Md.

19 (a) 4-13-'39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death April 12 1939, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1939, to April 12 1939, and that I last saw him alive on April 12 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Days
Left Hemiplegia	
Due to Hypertension	7
Due to	1
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm C Lane Jr MD (M. D. or other)

Address Frostburg Md Date signed Apr 13 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (139-a)

Reg. Dist. No. 4 03569

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany.

(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)

(d) Street No. 129 Frederick St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Anna Kreitzburg Rehs.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife Henry Rehs

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1857

8. AGE: Years 81 Months 3 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Frostburg, Md.
(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Private

FATHER
12. Name Conrad Kreitzburg
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Bartlett
15. Birthplace Germany

16 (a) Informant Mrs Tavern Wagner
(b) Address 219 Ninth St - McKeesport

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 5 1939 (month) (day) (year)

(c) Cemetery or crematory Allegany Cemetery
Location Frostburg Md

18 (a) Funeral director Jacob Hafer
(b) Address Frostburg, Md.

19 (a) 4/5/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 4-3-39 19__, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29-39 19__, to 4-3-39 19__, and that I last saw him alive on 4-2-39 19__.

Immediate cause of death Cyst Right Ovary which ruptured

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Large ovarian cyst which had ruptured.
Of autopsy

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. Alfred Van Ormer, M.D.
M. D. or other

Address Cumberland, Md. Date signed 4-4-39

Dr Van Ormer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 4

03570

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Alleganey

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: County Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5yrs.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Alleganey

(c) City or town Barton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Stephen Ross

3 (b) If veteran, name war ------

3 (c) Social Security No. -----

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret Skidmore

6. (c) If alive, give age not known years

7. Birth date of deceased (mo., day, yr.) Aug 18, 1857

8. AGE: Years 81 Months 8 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Westernport (rural) Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name William R. Ross

13. Birthplace Westernport (Rural)

MOTHER 14. Maiden Name Mary C. Micheals

15. Birthplace Westernport, (Rural)

16 (a) Informant Mrs Mary Micheal

(b) Address Lonaconing, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1939 (month) (day) (year)

(c) Cemetery or crematory Laurel Hill

Location Moscow, Md.

18 (a) Funeral director D.S. Boal

(b) Address Barton, Md.

19 (a) 5/2/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 4-29-1939, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12-1935, to 4-29-1939, and that I last saw him alive on 4-28-1939.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. F. Williams M. D. or other

Address Cumberland Date signed 5-1-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

(59)

CERTIFICATE OF DEATH

13571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Allegany

(b) City or town: Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days): 4 Da.

(e) Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Allegany

(c) City or town: Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 346 Dorn Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Mrs. Anna M. Rowe

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Fem.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry Rowe

6. (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Dec. 14, 1878.

8. **AGE:** Years: 60 | Months: 3 | Days: 19 | If less than one day: ____hr. ____min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: William Valentine

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Elizabeth Luttman

15. Birthplace: Maryland

16 (a) Informant: Mr. Harry Rowe

(b) Address: 346 Dorn Ave. City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 5, 1939 (month) (day) (year)

(c) Cemetery or crematory: SS. Peter & Paul

Location: Cumberland

18 (a) Funeral director: J. C. Wolford

(b) Address: Cumberland

19 (a) 4/4/39 (Date rec'd by registrar) (b) J. L. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death: Apr. 2, 1939, at 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1939, to April 2 1939, and that I last saw him alive on April 2 1939,

Immediate cause of death	Duration
Pulmonary Embolism	Uncertain
Gangrene Left Leg	6 weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. **Signature**: B. M. Schindler M.D. (M. D. or other)

Address: Date signed

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

03572

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ALLEGANY COUNTY Registration Dist. No. 4

Village or City CUMBERLAND, MD. No. MEMORIAL HOSPITAL St., 6-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES H. RUTTER If U. S. Veteran, specify WAR .....

(a) Residence: No. MEYERSDALE, PA. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) NOV. ? 1873

7. AGE Years 65 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unknown

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) PENNA. (State or country)

FATHER

13. NAME MARTIN A. RUTTER

14. BIRTHPLACE (city or town) PENNA. (State or country)

MOTHER

15. MAIDEN NAME ALMA WALTERS

16. BIRTHPLACE (city or town) PENNA. (State or country)

17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.

18. BURIAL, CREMATION, OR REMOVAL

Place Union Cemetery Date Apr. 7, 1939

19. UNDERTAKER Meyersdale Pa. William Rosp. Price (Address) Meyersdale Pa.

20. FILED 4/5/, 1939 J. P. Franklin, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH APRIL 4, 1939, 193 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to April 4, 1939

I last saw him alive on March 20, 1939; death is said to have occurred on the date stated above, at 9:27 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Sarcoma, of Jaw & Thigh

Date of onset

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Gracie M. D.

(Address) Cumberland

DR. GRACIE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 9 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4 ✓

03573

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Allegany Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 Days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 459 Columbia St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Bertha Shyrock

3 (b) If veteran, name war

3 (c) Social Security No. 214-05-8916

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles M. Shyrock

6. (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) May 24, 1906

8. AGE: Years 32 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Barton, Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER

12. Name Harry Crable

13. Birthplace Artemas, Penn.

MOTHER

14. Maiden Name Anna Preston

15. Birthplace Barton, Md.

16 (a) Informant Vernon A Crable

(b) Address 1018 Holland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1939 (month) (day) (year)

(c) Cemetery or crematory Laurel Hill

Location Moscow, Md.

18 (a) Funeral director D. S. Boal

(b) Address Barton, Md.

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1939, at 10:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1939, to April 17 1939, and that I last saw ~~him~~ her alive on April 16 1939.

Immediate cause of death Infective Bacterial Endocarditis

Duration 3 weeks.

Due to Streptococcus Hemolytic Pontac Blood Culture

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. M. Schindler Ew. M. D. or other

Address 4, Green St Date signed April 17, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (2)

Reg. Dist. No. 6

03574

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Westernport Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Reeves Clinic, Westernport, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Still Birth Slayton

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1939

8. **AGE:** Years ~~1939~~ Months ~~4~~ Days ~~21~~ If less than one day hr. min.

9. Birthplace Westernport Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Herbert Slayton

13. Birthplace Westernport Md

MOTHER

14. Maiden Name Georgie Walker

15. Birthplace Franklin Md

16 (a) Informant Herbert Slayton

(b) Address Westernport Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22, 1939 (month) (day) (year)

(c) Cemetery or crematory P. Lilas Cemetery

Location Westernport, Md.

18 (a) Funeral director Herbert Slayton

(b) Address Westernport Md

19 (a) Apr. 21-1939 (Date rec'd by registrar) (b) A. Gaynbaker M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 21 1939, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death Still Birth

Due to

Due to Prematurity - miscarriage

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L W Reeves M D M. D. or other

Address Westernport Md Date signed 4/21/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

(82a)

03575

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 735 Old Town Road.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 5 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 735 Old Town Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Harper Ellsworth Smith

3 (b) If veteran, name war: World War
3 (c) Social Security No. 214-05-6937

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Beulah Bowers
6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) July 15, 1898

8. AGE: Years	Months	Days	If less than one day
40	8	27	____ hr. ____ min.

9. Birthplace Burgettsville, W. Va.
(town, county, and state)
10. Usual occupation Store Keeper
11. Industry or business Grocery

FATHER
12. Name Elijah Smith
13. Birthplace Medley W. Va.

MOTHER
14. Maiden Name Nettie Reed
15. Birthplace Junction W. Va.

16 (a) Informant Mrs Harper Smith
(b) Address 735 Old Town Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16, 1939 (month) (day) (year)
(c) Cemetery or crematory: Maple Wood
Location Elbina W. Va.

18 (a) Funeral director Jacob Hafer
(b) Address Cumberland Md.

19 (a) 4/14/39 (Date rec'd by registrar) (b) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 12 1939, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8-39 19__, to 4-12-39 19__, and that I last saw him alive on 4-12-39 19__.

Immediate cause of death	Duration
apoplexy	2 hrs
Due to Arteriosclerosis	?
Due to	
Other conditions Uremia	3 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? No
(e) Means of injury

23. Signature C. C. Simmons M. D. or other
Address [illegible] Date signed 4-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 1 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 102

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03576

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Allegany Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59
(e) Length of stay in this community (yrs., mos., or days) 59

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 168 No. Centre St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Frank Casper Snyder

3 (b) If veteran, name war

3 (c) Social Security No. 07619

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Agnes Barnes
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept 9 1879

8. AGE: Years 59 | Months 9 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Cumberland Md
(Town, county, and state)

10. Usual occupation Pattern maker

11. Industry or business Woodworking

FATHER
12. Name Andrew Snyder
13. Birthplace Cumberland Md

MOTHER
14. Maiden Name Catherine Hess
15. Birthplace Cumberland Md

16 (a) Informant Francis J. Snyder
(b) Address Cumberland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 39 (month) (day) (year)
(c) Cemetery or crematory St. Peters & Paul
Location Cumberland Md

18 (a) Funeral director Louis Stein Sons
(b) Address Cumberland Md

19 (a) 4/18/39 (Date rec'd by registrar) (b) J. L. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death 4/16 1939, at 7:38 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1939, to 4/16 1939, and that I last saw him alive on 4/16 1939.

Immediate cause of death	Duration
(a) Lobar Pneumonia	7 days
Due to (b) Influenza	7
Due to (c)	
Other conditions Chronic Arteriosclerosis	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Franklin M. D. or other
Address Cumberland Md Date signed 4/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(23)

Reg. Dist. No. 4

03577

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 323 Independence St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 30 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany Co.

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 323 Independence (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George Melvin Stallings

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary Johnson

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 26 1886

8. AGE: Years 52 Months 8 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Oldtown, Md. (Town, county, and state)

10. Usual occupation Orderly

11. Industry or business Haystack Sanitarium

FATHER 12. Name Norman Stallings

13. Birthplace Md.

MOTHER 14. Maiden Name Susana Twigg

15. Birthplace Md

16 (a) Informant Egbert Stallings

(b) Address Cumberland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 4 39 (month) (day) (year)

(c) Cemetery or crematory Hillcrest Cem.

Location near Cumberland

18 (a) Funeral director Louis Stein Inc.

(b) Address Cumberland

19 (a) 4/4/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Apr. 1 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 30 1939, to Apr. 1 1939, and that I last saw him alive on Mch. 30, 1939.

Immediate cause of death Tuberculosis of Lungs

Duration 2 yrs

Due to

Due to

Other conditions Emaciation

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos. R. Kaan M. D. or other

Address Cumberland Md Date signed Apr 3-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1960
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 4

03578

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in this community (yrs., mos., or days) 7

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Cumberland Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1300 Olive Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Janetta L. Stevens

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John Stevens

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Oct. 12 1891

8. AGE: Years 47 Months 6 Days 2. If less than one day _____ hr. _____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Smith

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace

16 (a) Informant Mr John Stevens

(b) Address Cumberland, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 39 (month) (day) (year)

(c) Cemetery or crematory Hillcrest Cem

Location Cumberland, Md.

18 (a) Funeral director Louis Stein Inc.

(b) Address Cumberland, Md

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. P. Franklin, M. D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 14 1939, at 5 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1939, to Apr 14 1939, and that I last saw him alive on Apr 13 1939.

Immediate cause of death: Acute Superior Hemorrhagic Encephalitis

Due to Not encephalitis lethargica, C.W.K.R.

Due to but an acute condition. Diagnosis confirmed by spinal puncture.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Richard J. Williams M. D. or other

Address 34 Va. Ave. Cumberland Md

Date signed 4/15/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1939
BUREAU V. S.

03579

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (107-a)

County Allegany Registration Dist. No. 6

Village or City Hawson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hubert Russel Tingler If U. S. Veteran, specify WAR

(a) Residence: No. R#3, Keyser, W. Va St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, and year): Feb 10, 1939

7. AGE: Years 0 | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Allegany Co. Md.

FATHER

13. NAME: Hobert Russel Tingler

14. BIRTHPLACE (city or town) (State or country): Pendleton Co W. Va.

MOTHER

15. MAIDEN NAME: Mildred C. Kline

16. BIRTHPLACE (city or town) (State or country): Circleville W. Va.

17. INFORMANT (Address): Hobert R. Tingler, R#3, Keyser, W. Va.

18. BURIAL, CREMATION, OR REMOVAL Place: Harman, W. Va. Date: April 18, 1939

19. UNDERTAKER (Address): Mrs. Luke F. Rogers Keyser W. Va.

20. FILED: Apr. 16, 1939 A. J. Saffenbaker M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939, to April 16, 1939

I last saw him alive on April 16, 1939; death is said to have occurred on the date stated above, at 6 00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bi-Lateral Bronchial pneumonia	?

Other Contributory Causes of Importance:

Name of operation: None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm F. McFarland M. D.

(Address) Keyser W. Va

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAY 4 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3)

Reg. Dist. No. 4

C3580

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 435 Independent
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 435 Independence
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Still born Baby Twigg

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 8 1939

8. AGE: Years: Still born | Months | Days | If less than one day: ____ hr. ____ min.

9. Birthplace 435 Independent St
(Town, county, and state)

10. Usual occupation Cumberland

11. Industry or business

FATHER
12. Name William Lenzner
13. Birthplace ?

MOTHER
14. Maiden Name Helen Virginia Twigg
15. Birthplace Cumberland

16 (a) Informant Helen V Twigg
(b) Address 435 Independence St City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-39 (month) (day) (year)
(c) Cemetery or crematory Hill Crest Cem
Location Cumberland, Md

18 (a) Funeral director Wm H. Right
(b) Address 123 Columbia St City

19 (a) 4/11/39 (Date rec'd by registrar) (b) J. I. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 8 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Still born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Barley Hunter M.D. (M. D. or other)
Address Cumberland Date signed 4/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1930
BUREAU V. S.

WITHIN CORPORATE LIMITS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50)

Reg. Dist. No. 4

03581

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 40 Elder St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., ~~mos.~~, or ~~days~~) 61

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 40 Elder St (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Mrs Mary Agnes Twigg

3 (b) If veteran, name war ———

3 (c) Social Security No. ———

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jacob Twigg

6. (c) If alive, give age about 68 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 62 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry H. Keech

13. Birthplace Maryland

MOTHER 14. Maiden Name Kathryn Winthrop

15. Birthplace Maryland

16 (a) Informant Jacob Twigg

(b) Address Cumberland, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29-39 (month) (day) (year)

(c) Cemetery or crematory Rose Hill

Location Cumberland, Md.

18 (a) Funeral director V. L. Tempereur

(b) Address Cumberland, Md

19 (a) 4/28/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 25 1939, at 7:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1938, to April 25 1939, and that I last saw him alive on April 25 1939.

Immediate cause of death Cancer of Breast & internal metastasis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Cancer of Breast Metastasis

Of autopsy

Duration 7 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. C. Bowen M.D. M. D. or other

Address Cumberland Md Date signed 4-28-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

13582

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 742 N. Mechanic St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 80 yr

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Cumberland Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 242 North Mechanic St (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary Theresa Twigg

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 1859

8. AGE: Years 80 Months 2 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Cumberland Md (Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Allegany Hospital

FATHER 12. Name Homer Twigg

13. Birthplace Md

MOTHER 14. Maiden Name F.

15. Birthplace

16 (a) Informant Mrs Joseph Madden

(b) Address Cumberland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17-39 (month) (day) (year)

(c) Cemetery or crematory St. Patricks

Location Cumberland Md

18 (a) Funeral director Louis Steinmetz

(b) Address Cumberland Md

19 (a) 4/17/39 (Date rec'd by registrar) (b) J. H. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 14th 1939, at _____ M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1939, to April 14 1939, and that I last saw him alive on April 13 1939.

Immediate cause of death	Duration
Arteriosclerosis	
Myocardial Degeneration	
Due to	
Due to	
Other conditions Acute Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. C. Barnes M.D. (M. D. or other)

Address Grantsville Date signed 4-15-39

Dr Bowen

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-a) Reg. Dist. No. 9

CERTIFICATE OF DEATH

03583

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Frostburg, Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Miner's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in this community (yrs., mos., or days) 78 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Vale Summit (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Annie Mary Wade

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Enoch Wade

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Mar. 28 1861

8. AGE: Years 78 Months 0 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Cumberland, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Conrad Weinold

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Swartz

15. Birthplace Germany

16 (a) Informant Mrs. Mary Grossman

(b) Address Near Castle R. D. No 8 [illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 1939 (month) (day) (year)

(c) Cemetery or crematory Allegany

Location Frostburg, Md.

18 (a) Funeral director Jacob Hafer

(b) Address Frostburg, Md.

19 (a) 4-21'39 (Date rec'd by registrar) (b) Mrs. A. R. Walker Registrar

MEDICAL CERTIFICATION

20. Date of death April 19 1939 at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to Apr 19 1939, and that I last saw her alive on Apr 18 1939.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy None

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature W. O. McLane Jr. M.D. M. D. or other

Address Frostburg Md Date signed Apr 20 1939

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93C)

Reg. Dist. No. 6

03584

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Westernport (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Allegany

(c) City or town Westernport (If outside city or town limits, write RURAL and give town)

(d) Street No. 142 Main St. Westernport, Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Fannie Virginia Walsh

3 (b) If veteran, name war ✓

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Owen W. Walsh

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 19, 1880

8. AGE: Years 59 | Months 0 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Westernport, Md. Allegany (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John T. Spriggs
13. Birthplace Near Martinsburg, W. Va.

MOTHER
14. Maiden Name Augusta Ross
15. Birthplace Near Elk Garden, W. Va.

16 (a) Informant Mr. Owen W. Walsh

(b) Address 142 Main St. Westernport, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1939 (month) (day) (year)

(c) Cemetery or crematory Philos Cemetery

Location Westernport

18 (a) Funeral director D. S. Baal

(b) Address Barton, Md.

19 (a) May 1, 1939 (Date rec'd by registrar) (b) A. Gaynbaker M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 28, 1939, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1939, to April 28 1939, and that I last saw ~~him~~ her alive on April 25 1939.

Immediate cause of death	Duration
Acute myocardial failure	2 minutes
Due to Chronic myocarditis	1 yr.
Due to Arteriosclerosis	2 yrs
Other conditions Hypertension	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Raymond W. Reeves M.D. M. D. or other

Address Westernport, Md. Date signed 5/1/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 4

CERTIFICATE OF DEATH

03585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Allegany.
(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 9 Grand Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Grand Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George Washington Whetzel

3 (b) If veteran, name war —

3 (c) Social Security No. none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary H Lewis

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 13, 1865

8. AGE: Years	Months	Days	If less than one day
73	11	16	____ hr. ____ min.

9. Birthplace Magnolia W. Va. (Town, county, and state)

10. Usual occupation Retired Gen Worker

11. Industry or business

FATHER 12. Name Geo W. Whetzel

13. Birthplace Md.

MOTHER 14. Maiden Name Nancy Whetzel

15. Birthplace Md

16 (a) Informant Gilbert Whetzel

(b) Address Cumberland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 39 (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cem.

Location Cumberland

18 (a) Funeral director Louis Stein Inc.

(b) Address Cumberland Md

19 (a) 5/1/39 (Date rec'd by registrar) (b) J. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 29 1939, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1939, to April 29 1939, and that I last saw him alive on April 28 1939.

Immediate cause of death	Duration
Cerebral Apoplexy	
Due to Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? no
(e) Means of injury

23. Signature M E B Owens M. D. or other

Address 133 Valley Date signed 4/29/39

RECEIVED
MAY 6 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 4

03586

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Allegany

(b) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 11 Arch St

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs

(e) Length of stay in this community (yrs., mos., or days) 10 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Allegany

(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)

(d) Street No. 11 Arch St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Alice Bell Wilde

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Herman Wilde

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Apr. 16 1870

8. AGE: Years 69 | Months — | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Mo. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Smith
13. Birthplace Mo.

MOTHER
14. Maiden Name Anna Cooper.
15. Birthplace Mo.

16 (a) Informant Mr C C Crews
(b) Address Cumberland, Md.

17 (a) Removal. (Burial, cremation, or removal) (b) Date thereof Apr. 27 39 (month) (day) (year)

(c) Cemetery or crematory Richland Cem.
Location near Pittsburg Pa

18 (a) Funeral director Louis Steiner Inc.
(b) Address Cumberland Md.

19 (a) 4/27/39 (Date rec'd by registrar) (b) J. P. Franklin, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 26 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1939, to April 26 1939, and that I last saw him alive on April 26 1939.

Immediate cause of death	Duration
Chronic Myocarditis	3 years
Due to Chronic Bronchitis	5 years.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M.D. or other

Address Cumberland, Md Date signed April 26 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (121) Reg. Dist. No. 9

WITHIN CORPORATE LIMITS

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

13587

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Frostburg
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
91 Broadway
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 82 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Frostburg Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 91 Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? all his life years

3 (a) **FULL NAME** Thomas Elmer Williams

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1857 82 yrs 1 mo 16 ds

8. AGE: Years 82 | Months 1 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Frostburg Md
(Town, county, and state)

10. Usual occupation Miner

11. Industry or business

FATHER
12. Name William Williams
13. Birthplace Wales

MOTHER
14. Maiden Name Martha Hitchins
15. Birthplace Wales

16 (a) Informant Mrs Louisa Williams
(b) Address Frostburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-39 (month) (day) (year)
(c) Cemetery or crematory Allegany Cemetery
Location Frostburg Md

18 (a) Funeral director J. L. Durst
(b) Address Frostburg Md

19 (a) 4-26-39 (Date rec'd by registrar) (b) Mrs. A. R. Haller Registrar

MEDICAL CERTIFICATION

20. Date of death 26 April 1939, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
No Doctor	
Due to In attendance	
Due to Chronic endocarditis; rheumatic infection; syphilis; number of years	months
Other conditions Cystitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Signed by

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? Georges Run (City or town) Garrett (County) Maryland (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Cumberland (Specify type of place) While at work? Md
(e) Means of injury

23. Signature Mrs. A. R. Haller Registrar
M. D. or other
Address Frostburg, Md Date signed 4-26-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 10

03588

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Allegany
(b) City or town Mt. Savage
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Mt. Savage
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Jesse Winard Yantz

3 (b) If veteran, name war

3 (c) Social Security No. 712-14-1696

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Yantz

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1889

8. AGE: Years 50 | Months 5 4 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Hyndman, Pa.
(Town, county, and state)

10. Usual occupation Car man

11. Industry or business C. & P. Railroad

FATHER
12. Name James Yantz
13. Birthplace Mt. Savage, Md.

MOTHER
14. Maiden Name Lillie Thodes
15. Birthplace Mt. Savage, Md.

16 (a) Informant Mrs. Leo Powers
(b) Address Cumberland Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18 '39 (month) (day) (year)
(c) Cemetery or crematory Episcopal Cemetery
Location Mt. Savage Md.

18 (a) Funeral director J. Quist
(b) Address Frostburg Md.

19 (a) 4/16/39 (Date rec'd by registrar) (b) H. J. Bostetter M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1939, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1939, to April 15 1939, and that I last saw him alive on April 15 1939.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 hrs.
Due to Hypertension	4 yrs.
Due to Chronic Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Bostetter M.D. (M. D. or other)
Address Mt. Savage Md. Date signed 4/16-39.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 2 1939
BUREAU V. S.